

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2006

Open to Public Inspection

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

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

A For the 2006 calendar year, or tax year beginning OCT 1, 2006 and ending SEP 30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Consortium of Academic Health For Integrative Medicine. D Employer identification number: 56-2298880. E Telephone number: 612-626-2356. F Accounting method: Cash.

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

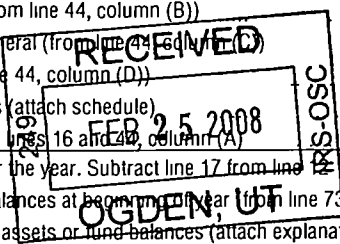
G Website: J Organization type: 501(c)(3). H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 305,283.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6 Gross rents... 7 Other investment income... 8 Gross amount from sales of assets... 9 Special events... 10 Gross sales of inventory... 11 Other revenue... 12 Total revenue: 305,283. 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses: 160,564. 18 Excess or (deficit) for the year... 19 Net assets at beginning... 20 Other changes... 21 Net assets at end of year: 291,165.



See Statement 1

917-18

**Consortium of Academic Health For  
Integrative Medicine**

Form 990 (2006)

56-2298880 Page 2

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 66,953.		66,953.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b> 7,290.		7,290.	
<b>33</b> Supplies	<b>33</b> 1,437.		1,437.	
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b> 150.	150.		
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 68,121.	66,823.	1,298.	
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> Policy Working Group	<b>43a</b> 15,098.	15,098.		
<b>b</b> Bank fees	<b>43b</b> 38.		38.	
<b>c</b> Survey (Technology)	<b>43c</b> 629.	629.		
<b>d</b> Insurance (Liability)	<b>43d</b> 848.		848.	
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 160,564.	82,700.	77,864.	0.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

823011  
01-23-07

Form 990 (2006)

**Consortium of Academic Health For  
Integrative Medicine**

Form 990 (2006)

56-2298880 Page 3

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

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

What is the organization's primary exempt purpose? ▶ <b>See attached schedule</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a See attached schedule</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	<b>82,700.</b>
<b>b</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>82,700.</b>

Form 990 (2006)

**Consortium of Academic Health For  
Integrative Medicine**

Form 990 (2006)

56-2298880 Page 4

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45	Cash - non-interest-bearing		45
	46	Savings and temporary cash investments	146,444.	46 291,165.
	47 a	Accounts receivable		
	b	Less allowance for doubtful accounts		47c
	48 a	Pledges receivable		
	b	Less allowance for doubtful accounts		48c
	49	Grants receivable		49
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a	Other notes and loans receivable		
	b	Less allowance for doubtful accounts		51c
	52	Inventories for sale or use		52
	53	Prepaid expenses and deferred charges		53
	54 a	Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b	Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a	Investments - land, buildings, and equipment: basis		
	b	Less accumulated depreciation		55c
	56	Investments - other		56
57 a	Land, buildings, and equipment: basis			
b	Less accumulated depreciation		57c	
58	Other assets, including program-related investments (describe ▶ _____)		58	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	146,444.	59 291,165.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60
	61	Grants payable		61
	62	Deferred revenue		62
	63	Loans from officers, directors, trustees, and key employees		63
	64 a	Tax-exempt bond liabilities		64a
	b	Mortgages and other notes payable		64b
	65	Other liabilities (describe ▶ _____)		65
66	<b>Total liabilities.</b> Add lines 60 through 65	0.	66 0.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67	Unrestricted		67
	68	Temporarily restricted		68
	69	Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds	146,444.	70 291,165.
	71	Paid-in or capital surplus, or land, building, and equipment fund	0.	71 0.
	72	Retained earnings, endowment, accumulated income, or other funds	0.	72 0.
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	146,444.	73 291,165.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	146,444.	74 291,165.	

Form 990 (2006)

Consortium of Academic Health For  
Integrative Medicine

Form 990 (2006)

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- )	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<u>See attached schedule</u>	0.00	0.	0.	0.

623041 01-18-07

**Consortium of Academic Health For  
Integrative Medicine**

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right">▶ 13</span>			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		<input checked="" type="checkbox"/>
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		<input checked="" type="checkbox"/>
d Does the organization have a written conflict of interest policy?	75d		<input checked="" type="checkbox"/>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	None				
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					

<b>Part VI Other Information</b> <i>(See the instructions)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		<input checked="" type="checkbox"/>
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<input checked="" type="checkbox"/>
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures (See line 81 instructions)	81a		<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	81b		<input checked="" type="checkbox"/>

**Consortium of Academic Health For  
Integrative Medicine**

Form 990 (2006)

56-2298880 Page 7

<b>Part VI Other Information</b> (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float: right;">N/A</span>	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	84b	
85	<i>501(c)(4), (5), or (6) organizations</i> a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float: right;">N/A</span>	85h	
86	<i>501(c)(7) organizations</i> Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	<i>501(c)(12) organizations.</i> Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	<i>501(c)(3) organizations.</i> Enter. Amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">0.</span> ; section 4912 <span style="float: right;">0.</span> ; section 4955 <span style="float: right;">0.</span>		
b	<i>501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		
e	<i>All organizations</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	<i>All organizations</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	<i>For supporting organizations and sponsoring organizations maintaining donor advised funds</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <span style="float: right;">MN</span>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	4
91 a	The books are in care of <span style="float: right;">Pamela Cherry, Admin. Director</span> Telephone no. <span style="float: right;">612-626-2356</span> Located at <span style="float: right;">Mayo Memorial Bldg, 420 Delaware St. SE, Minneap</span> ZIP + 4 <span style="float: right;">55455</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float: right;">N/A</span>	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Form 990 (2006)

**Consortium of Academic Health For  
Integrative Medicine**

Form 990 (2006)

56-2298880 Page 8

**Part VI Other Information** (continued) Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

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

*Note: Enter gross amounts unless otherwise indicated*

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <u>Conference registration</u>					
b <u>fees</u>					55,455.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					107,918.
95 Interest on savings and temporary cash investments			14	156.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		156.	163,373.
105 Total (add line 104, columns (B), (D), and (E))					163,529.

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	Membership dues and assessments - see attached statement
95	Income generated by trade or business as defined in IRC Sec 513
93	Conference registration fees

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

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

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

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

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

Form 990 (2006)



Consortium of Academic Health For  
Integrative Medicine

Form 990 (2006)

56-2298880 Page 9

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

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

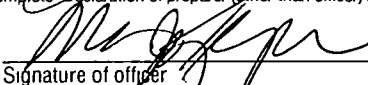
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

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

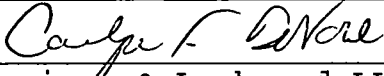
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

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

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

Please Sign Here:  Date: 12/14/08

Type or print name and title: Mary Jo Kreitzer, Director Co-Chair

Paid Preparer's Use Only: Preparer's signature:  Date: 2/12/08 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): P00000617

Firm's name (or yours if self-employed), address, and ZIP + 4: Cummings & Lockwood LLC, P.O. Box 120, Stamford, CT 06904-0120 EIN: Phone no.: 203-327-1700

Form 990 (2006)

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

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

OMB No 1545-0047

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

**2006**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **Consortium of Academic Health For Integrative Medicine** Employer identification number **56 2298880**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jeannie Schwartz 420 Delaware St. SE, Minneapolis, MN	Admin. Coordinator 40.00	57,042.		
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

**Consortium of Academic Health For  
Integrative Medicine**

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

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1		X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a		X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e		X
<p><b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a		X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p><b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b	N/A	
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	N/A	
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year</p>		▶	N/A
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>		▶	N/A
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>		▶	0.
<p><b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>		▶	0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

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

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

Consortium of Academic Health For

**Part IV-A**

**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	105,000.				105,000.
16 Membership fees received	55,000.				55,000.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	103.				103.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	160,103.	0.	0.	0.	160,103.
24 Line 23 minus line 17	160,103.				160,103.
25 Enter 1% of line 23	1,601.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 3,202.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 95,394.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 160,103.
d Add. Amounts from column (e) for lines: 18 103. 19 _____ 22 _____ 26b 95,394.					26d 95,497.
e Public support (line 26c minus line 26d total)					26e 64,606.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 40.3528%
27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A	(2005)	(2004)	(2003)	(2002)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2005)	(2004)	(2003)	(2002)	
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

None

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A

Lobbying Expenditures by Electing Public Charities

N/A

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

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

Table with 3 columns: Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.), (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and a table for line 41.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include lines 45-50 for averaging period calculations.

Part VI-B

Lobbying Activity by Nonelecting Public Charities

N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Yes, No, Amount. Rows list various lobbying activities (a-i) and a total line i.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

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

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

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), 51a(ii), 51b(i), 51b(ii), 51b(iii), 51b(iv), 51b(v), 51b(vi), and 51c. 'No' column contains 'X' marks.

N/A

Large table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with X checked in No)

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.



Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
<u>Description</u>		<u>Amount</u>	
Adjustment for rounding			2.
Total to Form 990, Part I, line 20			2.

## ATTACHMENT TO 2006 FORM 990 (FYE 9/30/07)

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

### Part III

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

(a) As of the end of its fiscal year (September 30, 2007), the Consortium had 46 member organizations, all of which are highly esteemed academic medical centers. The Consortium is committed to sharing information and ideas, meeting challenges together in a process grounded in the values of Integrative Medicine, supporting member institutions and providing a national voice for integrative medicine. During this fiscal year, the Consortium held its annual membership meeting in the fall and a steering committee meeting in the spring. It will sponsor the next North American Research Conference on Complementary and Integrative Medicine in the spring of 2009.

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

**Part V-A-**

(A) Name & Address	(B) Title and average hours/week devoted	(C) Compensation to employee benefit plans & deferred compensation plans	(D) Contributions & other allowances	(E) Expense account
Susan Folkman, Ph.D. University of California at San Francisco 1701 Divisadero Street, Suite 150 San Francisco, CA 94115-3010	Director/Chair 6 hours/week	\$0	\$0	\$0
Mary Jo Kreitzer, Ph.D., RN University of Minnesota C593 Mayo Memorial Building, MMC 505 420 Delaware St SE Minneapolis, MN 55455	Director/Vice-Chair 4 hours/week	\$0	\$0	\$0
John Pan, M.D. George Washington University 908 New Hampshire Avenue, NW, Suite 200 Washington, DC 20037	Director/Treasurer 2 hours/week	\$0	\$0	\$0
Anne Nedrow, M.D. Oregon Health and Science University 3181 SW Sam Jackson Park Road, L466 Portland, OR 97210-3098	Director/Secretary 2 hours/week	\$0	\$0	\$0
Brian Berman, M.D. University of Maryland School of Medicine 2200 Kernan Drive, Mansion Baltimore, MD 21207	Director 1 hour/week	\$0	\$0	\$0
Aviad Haramati, Ph.D. Georgetown University 3900 Reservoir Road, BSB 213 Washington, DC 20057-1460	Director 1 hour/week	\$0	\$0	\$0
Victoria Maizes, M.D., University of Arizona PO Box 245153 Tucson, AZ 85724	Director 1 hour/week	\$0	\$0	\$0
David Rakel, M.D. (12/06) University of Wisconsin - Madison 621 Science Drive Madison, WI 53711	Director 1 hour/week	\$0	\$0	\$0
Badri Rickhi, M.D. University of Calgary Suite 170, 1402 8 <sup>th</sup> Avenue, NW Calgary, Alberta Canada T2N 1B9	Director 1 hour/week	\$0	\$0	\$0
Ed D. Santorelli, MA, Saki University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	Director 1 hour/week	\$0	\$0	\$0
Victor Sierpina, M.D. (12/06) University of Texas Medical Branch 301 University Boulevard Galveston, Texas 77555-1123	Director 1 hour/week	\$0	\$0	\$0
Sara Warber, M.D. University of Michigan 715 East Huron Street, Suite 1-W Ann Arbor, MI 48104	Director 1 hour/week	\$0	\$0	\$0

## **Part VIII**

The conference registration fees reported on **Part VII, Line 93a** consist of the balance of registration fees received by the Consortium over funds expended in sponsoring the North American Research Conference on Complementary and Integrative Medicine that was held from May 25th to 28th, 2006. Over 600 people attended this conference that included 5 keynote addresses, 30 workshops, 12 plenary sessions comprised of 48 presentations, 4 poster sessions displaying over 200 posters, and a full day of pre-conference intensive workshops all focused on integrative medicine.

Membership dues and assessments reported on **Part VII, Line 94** contribute to the accomplishment of the Consortium's exempt purpose because they substantially fund the Consortium's scientific studies, working group projects and the development of innovative educational programs that are essential to advocating an integrative model of healthcare incorporating mind, body and spirit. The \$2,500 per member annual dues payment provides financial stability and autonomy to the Consortium, while it pursues additional public support. Criteria for membership, as set forth on the attached "Guidelines for Membership" found on the Consortium's website ([www.imconsortium.org](http://www.imconsortium.org)) mirror the eligibility requirements found in Article II of its original Bylaws. There are no tangible benefits provided in exchange for membership dues.

DUES  
 October 1, 2006 - September 30, 2007

<u>Institution</u>	<u>Dues</u>	<u>Paid</u>	<u>Deposited</u>
Pittsburgh	\$2,500 00	10/9/2006	10/10/2006
Texas	\$2,500 00	10/17/06	10/18/2006
Washington	\$2,500 00	10/26/06	10/27/2006
North Carolina	\$2,500 00	10/30/06	11/1/2006
Yale University	\$1,667 00	12/15/06	12/18/2006
Stanford	\$1,667 00	12/19/06	12/20/2006
Vermont	\$1,667 00	12/19/06	12/20/2006
Wisconsin	\$2,500 00	12/31/06	1/2/2007
Colorado	\$1,667 00	01/23/07	1/24/2007
Michigan	\$2,500 00	01/24/07	1/24/2007
Thomas Jefferson	\$2,500 00		3/8/07
Alberta	\$2,500 00		4/11/2007
Columbia	\$2,500 00		4/20/07
McMaster University	\$625 00	05/31/07 \$625	6/1/07
Calgary (CINIM)	\$2,500 00	06/12/07	6/12/07
George Washington	\$2,500 00	06/18/07	6/19/07
UCSF	\$2,500 00	06/18/07	6/19/07
Wake Forest	\$2,500 00	06/18/07	6/19/07
Connecticut	\$2,500 00	06/19/07	6/20/07
Vanderbilt University	\$625 00	06/19/07 \$625	6/20/07
Maryland	\$2,500 00	06/25/07	6/25/07
Mayo Clinic	\$2,500 00	06/25/07	6/25/07
Minnesota	\$2,500 00	06/25/07	6/25/07
Pennsylvania	\$2,500 00	06/25/07	6/25/07
Thomas Jefferson	\$2,500 00	06/25/07	6/25/07
Alberta	\$2,500 00	06/25/07	6/29/07
Washington	\$2,500 00	06/27/07	6/29/07
New Mexico	\$2,500 00	07/06/07	7/6/07
Massachusetts	\$2,500 00	06/21/07	7/9/07
Albert Einstein	\$2,500 00	07/11/07	7/11/07
		7/11 (\$1250	7/11 (\$1250
		Hospital 1/2),	Hospital 1/2),
		7/16 (\$1250	7/18 (\$1250
Stanford	\$2,500 00	Univ 1/2)	Univ 1/2)
Laval University	\$2,500 00	07/16/07	7/18/07
New Jersey	\$2,500 00	07/16/07	7/18/07
UCLA	\$2,500 00	07/16/07	7/18/07
Vermont	\$2,500 00	07/16/07	7/18/07
Yale University	\$2,500 00	07/16/07	7/18/07
Pittsburgh	\$2,500.00	7/25/2007	7/27/07
Georgetown University	\$2,500 00	08/07/07	8/7/07
Harvard Medical School	\$2,500 00	8/14/2007	8/15/07
University of CA, Irvine	\$2,500 00	08/21/07	8/21/07
Colorado	\$2,500.00	08/28/07	8/30/07
Vanderbilt University	\$2,500 00	09/05/07	9/5/07
Kansas	\$2,500 00	09/12/07	9/12/07
Massachusetts	\$2,500 00	09/13/07	9/14/07
Oregon	\$2,500 00	09/20/07	9/24/07
McMaster University	<u>\$2,500 00</u>	09/26/07	9/26/07

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

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

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

**Criteria for Application:**

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

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

**Application Process:**

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

**Expectations of Membership:**

Member institutions will:

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

#### Membership Dues

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

**The next review deadline is March 1, 2008**

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

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

Questions and concerns may be directed to:

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

---

©2006 Regents of the University of Minnesota. All rights reserved.

The University of Minnesota is an equal opportunity educator and employer.

Last modified on Wednesday Mar 29, 2006

This page is located at <http://www.ahc.umn.edu/cahcim/members/signup/home.html>

## Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

▶ Type or print. ▶ See the separate instructions.

**Part I** Power of Attorney

**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

**Consortium of Academic Health Centers for Integrative Medicine  
 c/o Pamela Cherry, University of Minnesota  
 MMC 505, D-513 Mayo Memorial Building  
 420 Delaware Street, SE  
 Minneapolis, MN 55455**

Social security number(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer identification number

**56 : 2298880**

Daytime telephone number  
 ( **612** ) **626-2356**

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II

Name and address

**Carolyn F. DeVore, Esq., Cummings & Lockwood LLC  
 Six Landmark Square, Stamford, CT 06901**

CAF No. **2605-66195R**

Telephone No. **203-351-4285**

Fax No. **203-708-5618**

Check if new: Address  Telephone No.  Fax No.

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address  Telephone No.  Fax No.

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address  Telephone No.  Fax No.

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
<b>Income</b>	<b>8734, 990</b>	<b>2002-2008</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF.**

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ \_\_\_\_\_




- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
- b** If you do not want any notices or communications sent to your representative(s), check this box

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here.

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

<p style="text-align: center;"> Signature</p> <p>MARY JO KREITZER Print Name</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> PIN Number</p>	<p style="text-align: center;">2/14/08 Date</p>	<p style="text-align: center;">Co-Chair Title (if applicable)</p> <p>Consortium of Academic Health Centers for Integrative Medicine Print name of taxpayer from line 1 if other than individual</p>
<p style="text-align: center;">Signature</p>	<p style="text-align: center;">Date</p>	<p style="text-align: center;">Title (if applicable)</p>
<p style="text-align: center;">Print Name</p>	<p style="text-align: center;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> PIN Number</p>	

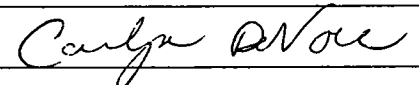
**Part II Declaration of Representative**

**Caution:** Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d** Officer—a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee—a full-time employee of the taxpayer.
  - f** Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
  - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a-h)	Jurisdiction (state) or identification	Signature	Date
a	CT, NY		2/12/08