112TH CONGRESS
1st Session

### COMMITTEE PRINT

S. Prt. 112–20

# STAFF REPORT ON SANOFI'S STRATEGIC USE OF THIRD PARTIES TO INFLUENCE THE FDA

PREPARED BY THE STAFF OF THE

# COMMITTEE ON FINANCE UNITED STATES SENATE



MAY 2011

Printed for the use of the Committee on Finance

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U.S. GOVERNMENT PRINTING OFFICE

66-351

WASHINGTON: 2011

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#### Staff Report on Sanofi's Strategic Use of Third Parties To Influence the FDA

A June 24, 2010 Wall Street Journal article reported that two medical groups and a doctor with financial ties to Sanofi submitted letters to the Food and Drug Administration (FDA) supporting Sanofi's citizen petition requesting that the FDA delay approval of a generic version of the blood-thinner Lovenox.

The Finance Committee requested records from Sanofi detailing its relationship with the North American Thrombosis Forum (NATF), the Society of Hospital Medicine (SHM), and Dr. Victor Tapson, based on a concern that there may have been a misuse or abuse of the citizen petition process.<sup>1</sup>

The documents obtained by the Committee suggest that NATF, SHM, and Dr. Tapson served as components of a coordinated public relations strategy by Sanofi to use FDA's citizen petition process in an attempt to prevent or delay generic alternatives to its blockbuster drug Lovenox from coming on the market.

A review of the documents provided by Sanofi revealed the following facts:

- According to a 2009 Sanofi slide presentation on its "Lovenox Patient Safety Strategy," a core issue faced by Sanofi was the "imminent threat to [Sanofi's] Lovenox franchise" posed by "generic alternatives." The slides show that Sanofi sought to encourage "independent interaction with regulatory authorities." Specifically, the "Progress To Date" slide identifies the "Independent communication with FDA by professional organizations and prominent [key opinion leaders]" regarding Lovenox.2
- Duke University medical professor Dr. Victor Tapson, who was paid \$260,604 by Sanofi for "Speaker/Consultant Services," wrote a May 21, 2008 letter from the American College of Chest Physicians to the FDA encouraging the agency "to learn more of the findings and recommendations" of a March 28, 2008 "scientific interchange roundtable" in Huntington Beach, CA, which Sanofi paid \$190,000 to sponsor.<sup>3</sup>

<sup>&</sup>lt;sup>1</sup>Letter to Sanofi CEO Greg Irace from Chairman Baucus and Ranking Member Grassley, Au-

<sup>&</sup>lt;sup>2</sup>E-mail from Makovsky and Company Executive Vice President Gil Bashe to Sanofi Senior <sup>2</sup>E-mail from Makovsky and Company Executive Vice President Gil Bashe to Sanofi Senior Director of U.S. Advocacy James Caro and Sanofi Associate Vice President of Employers and Quality Associations for U.S. Managed Markets Eric Racine, January 21, 2009, SA–SFC–0000330; Sanofi Power-point, Summary: Lovenox Patient Safety Strategy, January 2009, SA–SFC–0000331—SA–SFC–0000336.

<sup>3</sup>Payments from Sanofi to Dr. Victor Tapson from 2007 to August 11, 2010; e-mail from Sanofi Director of External Affairs Rachel Couchenour to Sanofi's James Caro, July 7, 2008, SA–SFC–0000442; the Committee learned that Sanofi sponsored the March 2008 ACCP roundtable and

- SHM received \$2,675,850 from Sanofi from January 2007 through August 11, 2010 for conference exhibits, sponsorship, and grants. Sanofi's payments to SHM totaled \$1,132,500 between July 1, 2007 and June 30, 2009, accounting for 8 percent of SHM's total revenue during those 2 years.4
- SHM's August 2008 letter to the FDA stated that an "untested generic substitution for [low-molecular weight heparins] is not in our patients' best interest." Sanofi's public relations team considered this letter to be a "key accomplishment."5
- Internal Sanofi communications indicate that SHM consulted with the American College of Chest Physicians and Dr. Tapson about sending a letter to the FDA after "a very positive meeting" with Sanofi officials.6
- Before sending the letter to the FDA, the CEO of SHM told Sanofi in an e-mail: "SHM has no history of making similar comments to the FDA or any government agency of this kind. While the Ec [Executive Committee] might be supportive they may feel this is not something that SHM has the expertise or knowledge to say much about. . . . That being said when something is important to any of our partners (like Sanofi) that we have a long term relationship with we want to give any issue that is important to our partner careful consideration.
- NATF received \$2,351,750 from Sanofi between January 2007 and August 2010. From 2007 through 2009, Sanofi's payments of over \$2 million accounted for 81 percent of NATF's total revenue during those 3 years.8
- After Sanofi officials met with NATF officials on "Lovenox and [follow-on-biologic] strategies," Sanofi officials wrote about the need to "keep Vic and especially NATF on task for the FDA communication."9
- E-mails show Sanofi officials coordinated their media strategy with NATF and were sensitive to how Sanofi's close relationship with NATF was perceived by the FDA and in the press. In one case, Sanofi officials decided against quoting a scientist affiliated with NATF in Sanofi's press release on a generic version of Lovenox because they were concerned about NATF losing credibility with the FDA. In another case, Sanofi officials were concerned about how the press would perceive Sanofi's relationship with NATF after a public relations firm

a subsequent paid supplement in the ACCP newspaper for \$190,000 during a telephone conversation between Committee staff and ACCP staff on February 8, 2011.

a subsequent pand supprehent in the ACC1 staff on February 8, 2011.

4 Payments from Sanofi to SHM from 2007 to August 11, 2010; Society of Hospital Medicine, IRS Form 990s for fiscal year 2007 and fiscal year 2008.

5 "U.S. Communications & Public Affairs Major Activities Update for August, 2008", SA-SFC-0000191; e-mail from Sanofi's Rachel Couchenour to Sanofi Associate Terri Yannotta, "Monthly Report—Action Item," August 21, 2008, SA-SFC-0000270.

6 E-mail from Sanofi's Rachel Couchenour to Sanofi's Eric Racine, "RE: Timeline," May 29, 2008, SA-SFC-0000272; e-mail from Sanofi's Rachel Couchenour to Senior Manager of Sanofi-Aventis Groupe Mary Easterday and President of Pharmaceutical Strategic Initiatives Charles Carter, "SHM Meeting Follow-up," May 16, 2008, SA-SFC-0000273.

7 E-mail from the CEO of the Society of Hospital Medicine Larry Wellikson to Sanofi's Rachel Couchenour, "FW: LMWH Safety Letter," June 27, 2008, SA-SFC-0000422.

8 Payments from Sanofi to NATF from 2007 to August 11, 2010; North American Thrombosis Forum, IRS Form 990s for fiscal year 2007, fiscal year 2008 and fiscal year 2009.

9 E-mail from Sanofi's James Caro to Sanofi's Eric Racine, "NATF," April 4, 2009, SA-SFC-0000308; e-mail from Sanofi's James Caro to Sanofi Director of U.S. Policy and Strategic Advocacy John Agos, "Re: Status of Article From Nov. Roundtable," May 6, 2009, SA-SFC-0000661.

hired by Sanofi e-mailed a reporter to promote an NATF Wall Street Journal advertisement raising concerns about generic Lovenox.10

According to Sanofi e-mails, Sanofi Senior Vice President and U.S. Chief Science Officer/Chief Medical Officer Paul Chew discussed "doing grassroot [sic] on [follow-on-biologics]" with associations. Vice President of Advocacy Eric Racine mentioned "that some groups send 100–200 letters on a specific issue." <sup>11</sup>

<sup>&</sup>lt;sup>10</sup>E-mail from Sanofi's Noelle Boyd to James Caro and Eric Racine, "ISTH Quote in the press release," January 26, 2010, SA–SFC–0000255; e-mail from Sanofi Associate Vice President for Lovenox Marketing Susan Barrett to Sanofi Senior Director of U.S. Communications Noelle Boyd, "ASH PR plan," November 22, 2009, SA–SFC–0000265; Sanofi e-mails, "WSJ ad on Lovenox generic," January 28, 2010, SA–SFC–0000256.

<sup>11</sup>E-mail from Sanofi's Eric Racine to Sanofi's James Caro, "Grassroot and Orthopods and Canada," July 22, 2009, SA–SFC–0000306.

## **APPENDIX**

SELECT DOCUMENTS CITED IN THIS REPORT

# FOOTNOTE 1

#### \*\*\*\* \*\*\*\*\*\*\*\*

JOHN D. ROCKEFELLER IV, WEST IV. KENT CONRAD, NORTH DAKOTA JEFS BINGAMAN, NEW MEXICO JOHN F. KERRY, MASSACHUSETTS BLANCHE L. LINCOLN. ARKANSAS ROW WYDEN, OREGON CHARLES E. SCHUMER, NEW YORK DEBBIE STABENOW, MICHIGAN MARIA CANTWELL, WASHINGTON BILL NELSON, FLORIDA ROBERT ME MENDEZ, NEW JERSEY ROBERT ME MENDEZ, NEW JERSEY ROBERT ME MENDEZ.

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INTERNAL INCOME
INCOM

RUSSELL SULLIVAN, STAFF DIRECTOR
KOLAN DAVIS, REPUBLICAN STAFF DIRECTOR AND CHIEF COUNSEL

### United States Senate

COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

August 11, 2010

Greg Irace President and CEO Sanofi-Aventis U.S. 55 Corporate Drive Bridgewater, NJ 08807

#### Via Electronic Transmission

Dear Mr. Irace:

The United States Senate Committee on Finance (Committee) has jurisdiction over the Medicare and Medicaid programs. As senior members of the United States Senate and as Chairman and Ranking Member of the Committee, we have a special responsibility to the more than 100 million Americans who receive health care coverage under those programs to ensure that beneficiaries receive pharmaceuticals that are safe and effective.

Over the last six years, the Committee made inquiries into various aspects of the medical industry, including corporate funding for Continuing Medical Education and the failure of physicians to disclose payments from industry while serving on medical boards that make decisions affecting medical research and practices. These inquiries revealed that pharmaceutical and device companies spend a great deal of money funding physicians, often with little or no transparency.

According to a June 24, 2010 Wall Street Journal article, the North American Thrombosis Forum, the Society of Hospital Medicine, and Dr. Victor F. Tapson at Duke University submitted letters to the Food and Drug Administration (FDA) in support of a citizen petition filed by Sanofi-Aventis in 2003 requesting the delay of approval of generic versions of the blood-thinner Lovenox.

The Wall Street Journal reports that the Duke University professor and two medical groups have financial ties to Sanofi-Aventis and did not disclose these financial ties in their letters to the FDA.

Last month, the FDA finally responded to the citizen petition, more than seven years after it was filed. We are concerned, however, that the North American Thrombosis Forum, the Society of Hospital Medicine, and Dr. Tapson may have submitted their letters to the FDA at the behest of Sanofi-Aventis in order to delay or prevent competitors from selling a generic version of Lovenox. When there are questions or concerns about the safety of a drug, they ought to be raised and resolved in a timely and thorough manner. The citizen petition process is one way that individuals and entities can express their concerns and seek appropriate government action. However, when misused or abused, the process can lead to delays in patient access to potentially affordable, safe, and effective generic alternatives.

Accordingly, please provide us with the following information:

- A detailed account of any payments that Sanofi-Aventis made to the North American Thrombosis Forum, the Society of Hospital Medicine, including employees of these organizations, and Dr. Victor F. Tapson from January 1, 2007 to the present.
- 2. For each individual and organization identified in question number 1 above, please provide the following information for each payment in table format:
  - a. Date of payment
  - b. Payment description (CME, honorarium, research support, etc.)
  - c. Amount of payment
  - d. Year end or year-to-date payment total
- 3. Did any employee or organization affiliated with Sanofi-Aventis instruct or advise the North American Thrombosis Forum, the Society of Hospital Medicine, or Dr. Victor F. Tapson to submit letters to the FDA in support of the Sanofi-Aventis citizen petition to the FDA requesting a delay in the approval of generic versions of Lovenox? If yes, please provide the following:
  - All documents and communications related to Sanofi-Aventis' citizen
    petition to the FDA requesting a delay in the approval of generic
    versions of Lovenox from January 1, 2007 to the present.
  - b. All documents and communications regarding the North American Thrombosis Forum and FDA approval of generic Lovenox, including communications between Sanofi-Aventis and the North American Thrombosis Forum from January 1, 2007 to the present.

- c. All documents and communications regarding the Society of Hospital Medicine and FDA approval of generic Lovenox, including communications between Sanofi-Aventis and the Society of Hospital Medicine from January 1, 2007 to the present.
- d. All documents and communications regarding Dr. Victor F. Tapson and FDA approval of generic Lovenox, including communications between Sanofi-Aventis and Dr. Victor F. Tapson from January 1, 2007 to the present.
- e. Copies of any contracts or agreements between Sanofi-Aventis and the North American Thrombosis Forum, the Society of Hospital Medicine, and Dr. Victor F. Tapson from January 1, 2007 to the present related to Sanofi-Aventis' citizen petition to the FDA requesting a delay in the approval of generic versions of Lovenox.

In cooperating with the Committee's review, no documents, records, data, or other information related to these matters, either directly or indirectly, shall be destroyed, modified, removed, or otherwise made inaccessible to the Committee.

We look forward to hearing from you by no later than August 30th, 2010. All documents responsive to this request should be sent electronically, on a disc, in searchable PDF format to and

If you have any questions, please do not hesitate to contact with Senator Baucus or with Senator Grassley at (202) 224-4515.

Sincerely,

Charles E. Grassley Ranking Member

Max Baucus Chairman

# FOOTNOTE 2

From: Gil Bashe

Sent: Wednesday, January 21, 2009 9:48 PM
To: Caro, James PH/US; Racine, Eric PH/US

Subject: LMWH

Attachments: Lovenox Patient Safety Plan Summary -01.21.09A.ppt

Dear All:

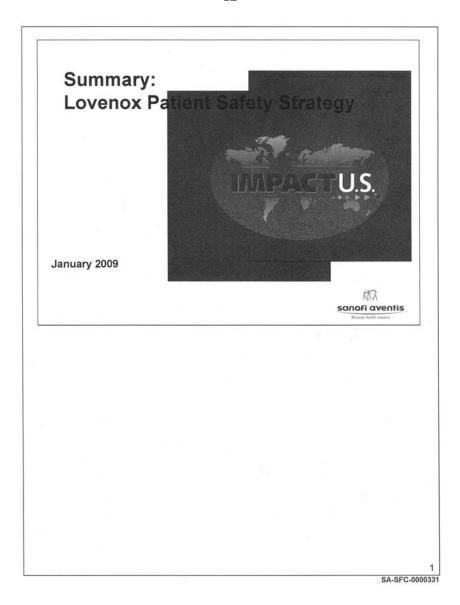
The discussion deck for our conversation at 5PM.

Regards,

Gil

Gil Bashe Health Practice Makovsky + Company

New York, NY 10016 (office) (cell)



### **Lovenox Patient Safety**

#### Core Issue

We face an imminent threat to our Lovenox franchise from introduction of generic alternatives

- Lovenox compound patent successfully challenged/invalidated
- Lovenox currently regulated as a drug rather than biologic despite its complex polysaccharide structure
- FDA is currently reviewing "J Pathway" applications for generic enoxaparin
- Momenta claims an ability to fully characterize and reproduce enoxaparin, but this has not been documented
- There is skepticism and concern among key clinicians and scientists about the adequacy of FDA's review process and the clinical equivalence of potential alternatives

IMPACTUS.

sanofi aventis

2

### **Lovenox Patient Safety**

#### S-A Position

- Lovenox has established an unequalled record of safety and efficacy across all its indications
- The LMWH products in the marketplace are not considered interchangeable

- Internative products be subject to robust evaluation, including characterization of polysaccharides is new and untested

  The complexity of these products, combined with the lifethreatening nature of their indications demands that:

  I Alternative products be subject to robust evaluation, including clinical trials to document equivalency and potential issues with immunogenicity

  I Alternative products should be uniquely identified to enable ongoing market surveillance

  LMWH would be most appropriately regulated as biologics

IMPACTUS.

sanofi aventis

## **Reasonable Safety Mission**

- Science essential need clinical trials to validate approval of biosimilars - they are similar and not identical products
- Safety required need avenues to track what LMWHs are used in any patient due to black-box warning and immunogenicity:

  - ▶ J-Codes▶ Patient registry
  - ➤ Unique generic names

IMPACTUS,

چې sanofi aventis

SA-SFC-0000334

### **Lovenox Patient Safety**

#### Action Plan

- tition Plan

  ▶ Budget 2009=\$1.2MM

  Advocacy

  I dentify key stakeholders, provide issue briefings, and facilitate independent evaluation of issues

  e encourage independent interaction with regulatory authorities

  Monitor political and regulatory developments and respond

  Communications

  Conference strategy to aggressively represent s-a position at targeted events and monitor evolving information

  S-A sponsored Conference on Regulatory Issues for Complex Compounds planned Q1 2009

  Political Strategy:

  Briefings for targeted legislators and key transition staff (in development)

  FOB Legislation: Focus on 1) Expanding definition of biologics to include complex polysaccharides; 2) Adequate clinical trials to establish patient safety, and 3) Require unique product names and reimbursement codes for FOBs.

IMPACTUS.

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### **Progress To Date**

- Expert Scientific Advocacy Taskforce held in DC
- Outreach to 32 organizations; expert visits with 19 organizations
- 12 organizations have conducted formal internal reviews of this issue
- Independent communication with FDA by professional organizations and prominent KOLs:
  - Case Management Society of America
  - · American Pharmacists Association
  - American College of Chest Physicians
  - Society of Hospital Medicine
  - American Heart Association
  - KOLs; Vic Tapson, MD, Professor of Medicine, Duke Univ. and James Groce, PharmD., Professor of Pharmacy, UNC
- S-A participation confirmed for key FOB Conference in March, with speaking roles on two targeted panel discussions

IMPACTUS.

sanofi aventis

# FOOTNOTES 3, 4, 8

Senate Finance Committee Letter to Sanofi-Aventis U.S. (August 11, 2010) RESPONSE TO REQUESTS 1 and 2 — Payments from Sanofi-Aventis U.S.

INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount 9	
VICTOR TAPSON MD	2007	02/08/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	02/14/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	02/22/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	03/02/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	03/08/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	03/12/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	03/12/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	03/16/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	03/16/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	03/21/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	03/23/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	03/29/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	04/20/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	04/20/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	04/20/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	04/24/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	04/26/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	05/01/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	05/01/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	05/01/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	05/02/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	05/02/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	05/09/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	05/17/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	06/01/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	06/04/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	06/06/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	06/12/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	06/22/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	06/22/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	06/25/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	06/25/2007	Speaker/Consultant Services	1,500.00	
VICTOR TAPSON MD	2007	07/06/2007	Speaker/Consultant Services	1,000.00	
VICTOR TAPSON MD	2007	09/05/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	09/26/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	11/15/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	11/27/2007	Speaker/Consultant Services	2,000.00	
VICTOR TAPSON MD	2007	12/20/2007	Speaker/Consultant Services	2,500.00	
VICTOR TAPSON MD	2007	2007 Total		80,000.00	
VICTOR TAPSON MD	2008	03/05/2008	Speaker/Consultant Services	2,451.00	
VICTOR TAPSON MD	2008	03/05/2008	Speaker/Consultant Services	2,451.00	
VICTOR TAPSON MD	2008	03/10/2008	Speaker/Consultant Services	2,451.00	
VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	3,225.00	

VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	03/25/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	04/03/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/15/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	05/15/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/15/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/21/2008	Speaker/Consultant Services	2,838.00
VICTOR TAPSON MD	2008	05/21/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/21/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	06/12/2008	Speaker/Consultant Services	2,451.00
Province and the second complete and the second comple	2008	06/23/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	no-uzuzuzuwenietjikkob-niotsiowikkisiki	anamanagina sa	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	06/26/2008	iki karing pandanan karing karing karing mengang mengang karing karing mengang mengang mengang mengang mengang	2,838.00
VICTOR TAPSON MD	2008	07/28/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	08/08/2008	Speaker/Consultant Services	estre e Angles e ramanter e sur antenen i arram
VICTOR TAPSON MD	2008	08/18/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	08/20/2008	Speaker/Consultant Services	9,804.00
VICTOR TAPSON MD	2008	08/29/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	10/23/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	2008 Total	ettittäälikiisijonajistoonejiseesijoi vasseesittoja saasteesiteesa taatan vastata tottaas	83,979.00
VICTOR TAPSON MD	2009	01/05/2009	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2009	01/23/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	01/30/2009	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2009	03/09/2009	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2009	03/19/2009	Speaker/Consultant Services	4,902.00
VICTOR TAPSON MD	2009	03/30/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	07/24/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/10/2009	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2009	08/11/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/13/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/17/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/25/2009	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2009	12/11/2009	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2009	12/14/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	2009 Total		48,762.00
VICTOR TAPSON MD	2010	01/04/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	03/23/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	03/24/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	04/29/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	06/02/2010	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2010	06/03/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	06/07/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	07/12/2010	Speaker/Consultant Services	5.766.00

VICTOR TAPSON MD	2010	08/13/2010	Speaker/Consultant Services	8,127.00	
VICTOR TAPSON MD	2010	08/16/2010	4,902.00		
VICTOR TAPSON MD	2010	2010 Total	ilandring il repri retirent extination etters fire ener energian and etters etter er en en entantico and tita es etter exceptive	39,177.00	
VICTOR TAPSON MD	Tapson Total	Consequent and Consequence of the Association of the Consequence of th	Bella je revo 19 zamistr Gifferiosi bekoestienine trivine klakueltratiit the eamoloonist Lothiyee de beket mis sekelitaiski bolisienikar	251,918.00	
INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount	
SOCIETY OF HOSP MEDICINE	2007	02/09/2007	Meeting/Conference Exhibit	5,000.00	
SOCIETY OF HOSP MEDICINE	2007	05/01/2007	Sponsorship—VTE Prevention	250,000.00	
SOCIETY OF HOSP MEDICINE	2007	08/23/2007	SponsorshipMeetings/Conferences	25,000.00	
SOCIETY OF HOSP MEDICINE	2007	08/27/2007	Sponsorship—Award Program	25,000.00	
SOCIETY OF HOSP MEDICINE	2007	09/24/2007	Sponsorship—Glycemic Control Presentation	5,000.00	
SOCIETY OF HOSP MEDICINE	2007	10/17/2007	Sponsorship—Expert Training	140,000.00	
SOCIETY OF HOSP MEDICINE	2007	2007 Total	menny-se gramment title 4 stroyallas timer - que se a - strokert an se selgivet total delines times times tent	450,000.00	
SOCIETY OF HOSP MEDICINE	2008	01/15/2008	Meeting/Conference Exhibit	2,500.00	
SOCIETY OF HOSP MEDICINE	2008	01/31/2008	Meeting/Conference Exhibit	2,500.00	
SOCIETY OF HOSP MEDICINE	2008	02/13/2008	Grant—Meetings/Conferences	4,000.00	
SOCIETY OF HOSP MEDICINE	2008	06/02/2008	Sponsorship—Award Program	25,000.00	
SOCIETY OF HOSP MEDICINE	2008	10/03/2008	Sponsorship—Advisory Board; VTE Prevention	374,500.00	
SOCIETY OF HOSP MEDICINE	2008	11/06/2008	Meeting/Conference Exhibit	18,000.00	
SOCIETY OF HOSP MEDICINE	2008	11/19/2008	Sponsorship—Glycemic Control Program	500,000.00	
SOCIETY OF HOSP MEDICINE	CIETY OF HOSP MEDICINE 2008		2008 Total		
SOCIETY OF HOSP MEDICINE	2009	02/05/2009	Meeting/Conference Exhibit	926,500.00 3,000.00	
SOCIETY OF HOSP MEDICINE	2009	02/06/2009	Meeting/Conference Exhibit	3,000.00	
SOCIETY OF HOSP MEDICINE	2009	02/17/2009	Grant-Meetings/Conferences	5,000.00	
SOCIETY OF HOSP MEDICINE	2009	08/05/2009	Grant—Educational Program	9,600.00	
SOCIETY OF HOSP MEDICINE	2009	2009 Total	en e	20,600.00	
SOCIETY OF HOSP MEDICINE	2010	01/13/2010	Sponsorship—VTE Prevention	450,000.00	
SOCIETY OF HOSP MEDICINE	2010	01/22/2010	Sponsorship—Glycemic Control Program	825,000.00	
SOCIETY OF HOSP MEDICINE	2010	03/08/2010	Meeting/Conference Exhibit	250.00	
SOCIETY OF HOSP MEDICINE	2010	06/03/2010	Meeting/Conference Exhibit	3,500.00	
SOCIETY OF HOSP MEDICINE	2010	2010 Total		1,278,750.00	
SOCIETY OF HOSP MEDICINE	SHM Total	ang orang and and an analysis of the same	та станува мога том баши придрами на на него в привысият рынито пой поли на чечиниями пойничений выпол	2,675,850.00	
INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount \$	
NORTH AMER THROMBOSIS FORUM	Contract the construction of the con-	10/02/2008	Grant—Educational Program	250,000.00	
NORTH AMER THROMBOSIS FORUM	2008	12/17/2008	Sponsorship—Educational/Research Activities	250,000.00	
NORTH AMER THROMBOSIS FORUM	2008	2008 Total		500,000.00	
NORTH AMER THROMBOSIS FORUM	2009	03/05/2009	Grant-Educational Program	15.000.00	
NORTH AMER THROMBOSIS FORUM	2009	05/19/2009	Sponsorship—Educational/Research Activities	250,000.00	
NORTH AMER THROMBOSIS FORUM	2009	09/04/2009	Meeting/Conference Exhibit	1,000.00	
NORTH AMER THROMBOSIS FORUM	2009	09/15/2009	Grant—Educational Program	30,000.00	
NORTH AMER THROMBOSIS FORUM	2009	11/05/2009	Sponsorship—Educational/Research Activities	250,000.00	
NORTH AMER THROMBOSIS FORUM	2009	11/06/2009	Sponsorship—Educational/Research Activities	250,000.00	
NORTH AMER THROMBOSIS FORUM	2009	12/15/2009	Sponsorship—Award Program	5,000.00	
		2009 Total		SSALES MENTAL PROPERTY AND ADDRESS AND ADD	
NORTH AMER THROMBOSIS FORUM	2009	2009 Lotal		801,000.00	
NORTH AMER THROMBOSIS FORUM NORTH AMER THROMBOSIS FORUM	eživoros sa regolistica ize salvistica	03/08/2010	Grant—Educational Program	801,000.00 20,000.00	

The contract of the contract o	2010
NORTH AMER THROMBOSIS FORUM 2010 08/02/2010 Grant—Educational Program 30,000.0	00
Superior and the superi	rend
NORTH AMER THROMBOSIS FORUM 2010 2010 Total 50,750.0	
- รุ่งเกตรายสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสา	
NORTH AMER THROMBOSIS FORUM NATF Total 1,351,750.0	00
\$ SECONDARIO DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE	ntreed
Overall Total \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00

Senate Finance Committee Letter to Sanofi-Aventis U.S. (August 11, 2010)
RESPONSE TO REQUESTS 1 and 2 — Payments from Sanofi-Aventis, Paris, France

INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount \$
VICTOR TAPSON MD	2007	08/02/2007	08/02/2007 Speaker/Consultant Services — Honorarium	
VICTOR TAPSON MD	2007	09/06/2007	Speaker/Consultant Services — Honorarium	2,070.00€
VICTOR TAPSON MD	2007	12/20/2007	20/2007 Speaker/Consultant Services — Honorarium	
VICTOR TAPSON MD	2007	2007 Total	а мажду, какон и автой тор обрудную у Так и и и и и и и и и и и и и и и и и и и	\$4,500 + 2070 €
VICTOR TAPSON MD	2008	07/24/2008	Speaker/Consultant Services — Honorarium	1,587.00
VICTOR TAPSON MD	2008	2008 Total	1,587.00	
VICTOR TAPSON MD	2010	04/22/2010	Speaker/Consultant Services — Honorarium	188.00
VICTOR TAPSON MD	2010	06/30/2010 Speaker/Consultant Services — Honorarium		2,411.00
VICTOR TAPSON MD	2010	2010 Total	particular da se proprio proprio commencia a consensa del Esta consensa de Santa I. Companya de Santa de Santa	2,599.00
VICTOR TAPSON MD	Tapson Total	and the second section of the second section of the second section of the second	State in revenue and the revenue of the state of the stat	\$8,686 + 2070 €
INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount \$
NORTH AMER THROMBOSIS FORUM	2007	01/12/2007	Sponsorship—Meeting/Conference	250,000.00
NORTH AMER THROMBOSIS FORUM	2007	2007 Total		250,000.00
NORTH AMER THROMBOSIS FORUM	2008	11/01/2008	Sponsorship—Meeting/Conference	250,000.00
NORTH AMER THROMBOSIS FORUM	2008	11/07/2008	Sponsorship—Meeting/Conference	250,000.00
NORTH AMER THROMBOSIS FORUM	2008	2008 Total	14.0 C (1.0 C (1	500,000.00
NORTH AMER THROMBOSIS FORUM	2009	05/14/2009	Grant—Educational/Research Activities	250,000.00
NORTH AMER THROMBOSIS FORUM	2009	2009 Total	ggi sa g <sup>i</sup> gay sa a mananang mananang manana a manananana a sa anananan manananan mananan mananan mananan mananan	250,000.00
NORTH AMER THROMBOSIS FORUM		makematanio ora socio so cereso ros	and the second second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the second section in the section is the second section in the section is the section in the section in the section is	1,000,000.00
Overall Total	andre en	d a file de le faire a mainte de de décident de la compansión de la compansión de la faire de que de faire de		\$1,008,686 + 2070 €

# FOOTNOTE 3

From:

Couchenour, Rachel PH/US

Sent:

Monday, July 07, 2008 3:23 PM

To:

Caro, James PH/US

Subject:

FW: LMWH Safety Letter Attachments: MAY.21.ACCP FDA Final.doc

 $\mbox{\sc Jim-}$  Here's the letter. Not certain if we can use it but thought you'd like a copy.

Rachel

From: Larry Wellikson Sent: Saturday, June 28, 2008 12:41 PM To: Couchenour, Rachel PH/US

Subject: RE: LMWH Safety Letter

A short while ago I received the attached draft of the letter Vic Tapson wrote for ACCP. I have this on our Exec Comm agenda to discuss if SHM wants to support this letter, write our own letter, or not comment. One distinction is that this letter was the product of a meeting on the subject, which obviously the SHM EC and Board would not have detailed knowledge about. The second issue is that SHM has no history of making similar comments to the FDA or any government agency of this kind. While the Ec might be supportive they may feel this is not something that SHM has the expertise or knowledge to say much about. As you might imagine since we touch so many different disease states SHM gets asked to evaluate guidelines, comment on regulations, etc and we probably take action on 5-10% of these requests. That being said when something is important to any of our partners (like Sanofi) that we have a long term relationship with we want to give any issue that is important to our partner careful consideration. careful consideration.

Let me see what they say and get back to you either way

Larry Wellikson, MD CEO

ty of Hospital Medicine

"Wisdom is the quality that helps keep you out of situations where you would need it"

May 21, 2008

Janet Woodcock, M.D FDA Deputy Commissioner and Chief Medical Officer U. S. Food and Drug Administration 5600 Fishers Lane, Rockville MD 20857-0001

#### Dear Dr. Woodcock:

The America College of Chest Physicians is a leading resource for the improvement in cardiopulmonary health and critical care in the United States. With a membership of over 16,000 professionals representing over 100 countries, this organization focuses on the promotion of prevention and treatment of diseases of the chest through leadership, education, research, and communication.

As an organization, the College has always been in the forefront of cardiopulmonary medicine. I work with the College to publish the ACCP Guidelines for Antithrombotic Therapy for Prevention and Treatment of Thrombosis, which represents the interpretation of the vast clinical literature pertaining to thrombosis with stringent analyses. The guidelines have been used worldwide and provide clinician recommendations to effectively prevent and treat thrombotic disorders in patients.

Over the last several months, the College has monitored the potential development and approval of generic forms of certain products that are deemed critical to cardiopulmonary clinicians. One area of recent interest of the College is the class of agents commonly referred to as low-molecular-weight heparins or LMWHs (FDA Docket # 203P-0064).

With the current consideration for generic LMWHs, the concern for appropriate evidenced-based use and safety for patients increases significantly. There are currently three LMWH products available for use in the United States. The College has a longstanding caution that since these agents differ in pharmacokinetic properties and anticoagulant profiles, they are not to be considered clinically interchangeable. The clinical data produced through randomized clinical trials by the sponsors of the various branded LMWHs clearly supports the College's recommendation against interchange. Scientifically, the current LMWHs have a common biologic origin, vary in manufacturing process, and are incompletely characterized.

With the above considerations in mind, the convening of a roundtable was deemed warranted. On March 28, 2008 – a scientific interchange roundtable entitled "Low Molecular Weight Heparins: Patient Safety and Clinical Data Requirements with Biosimilar Generic Compounds" was convened by the College in Huntington Beach, California. I had the pleasure of serving as co-chair for the development of this session. I encourage the FDA

SA-SFC-0000443

to learn more of the findings and recommendations of the roundtable, by either contacting myself or the College directly. Although I, and many of my professional colleagues, support the development and availability of generic products, we urge the Food and Drug Administration require that potential generic LMWHs produce data from randomized clinical trials for comparable indications of use with the branded LMWHs. Such trials are the basis of guideline recommendations that not only assist the clinician community in this country in routinely making therapeutic decisions, but also comfortable in knowing their patients are receiving the best possible care throughout the entire healthcare system.

If you have further questions or require additional information or would like to meet with myself, or members of the College, please contact use the contact information found on the bottom of this letter.

Sincerely,

Victor F. Tapson, MD, FCCP
Professor of Medicine
Division of Pulmonary and Critical Care Medicine
Director, Center for Pulmonary Vascular Disease
Room
Duke University Medical Center
Durham, NC 27710 USA
Office:
Mobile:
Email:

CC: Douglas C. Throckmorton, MD, Deputy Director
Gary J. Buehler, RPh, Director, Office of Generic Drugs
Helen Winkle, Director, Office of Pharmaceutical Science

# FOOTNOTE 4

om	, 9į	90	Return of Organ Under section 501(c), 527,	pr 4947(a)		Reven				×	2007
		the Treasury sus Service	The organization may have				y state rep	nuper partno	ments		Open to Public inspection
A F	or the	2007 calendar	year, or tax year beginning J	UL 1,	2007	and er	ding	JUN 30	, 20	800	
9 6	heck if pplicable	use IRS	lame of organization						O Emp	loyer id	entification number
	Addres	is liabel or SO	CIETY OF HOSPITAL	MEDIC	INE				_2:	3-30	57353
Ļ	Name change		lumber and street (or P 0 box if mail is n			}		Room/suite			number
느	Initial return Termin		O N. INDEPENDENCE thy or town, state or country, and ZIP + 4	MALL	<u>w.</u>						351-7754 out Cash X Accr
	Amend	™ PH	ILADELPHIA, PA 19	106						ther specify)	
	Applica	ation Sasti	on 501(c)(3) organizations and 4947(a)( attach a completed Schedule A (Form 9)			sts					ion 527 organizations.
					4).			this a group re			
			OSPITALMEDICINE.OR only only ► X 501(c) (3 ) ◀ 0nser		4947(a)(1) or	527		Yes," enter nu a all affiliates i			- 1 - married
			the organization is not a 509(a)(3) suppo-			***************************************	(11	"No," attach a	list )		
			it more than \$25,000. A return is not requ				H(d) is:	this a separati nization cover	i retum ed by a	arous i	ruhng? Yes X
			be sure to file a complete return					oup Exemptio			N/A
							M Ch	eck 🕨 🔲	f the or	ganizati	ion is <b>not</b> required to attac
			s 6b, 8b, 9b, and 10b to line 12		7,258,69			h B (Form 99	0, 990-	EZ, or 9	190-PF)
Pa	rt I		Expenses, and Changes in		ets or Fund	Bala	nces				
	1		, gifts, grants, and similar amounts receiv	ed		1 . 1	1		1		
	a		to donor advised funds			18		,929,5	40		
	b		support (not included on line 1a) c support (not included on line 1a)			16		1323,3	40.	- 1	
	d		contributions (grants) (not included on lin	a ta)		10			-		
	e		es 1a through 1d) (cash \$ 1,9		O. noncash s				7	18	1,929,540
	2		ice revenue including government fees ar					***************************************	'	2	2,549,253
	3		dues and assessments							3	1,062,700
	4	Interest on sa	vings and temporary cash investments							4	47,482
	5		d interest from securities	Γ	. 500	11. 1 700		<b>4</b> ·	Ĺ	5	279,132
	6 a			- 1	16202	.6a.	2			- 1	
	b	Less rental e		. 15		-6b	بيرتا	ļ			
93	٠		ome or (loss) Subtract line 6b from line 6	3 6	NOV 26	200	3 8			56	
Revenue	7 8 a		nent income (describe > t from sales of assets other	1/2	Securities		100	(B) Other	-+	7	
æ	0.4	than inventor			249,389	. 8a	7 -	(B) Other		- 1	
	ts		other basis and sales expenses		305,922.						
	c		(attach schedule)		<56,533.						
	d		oss) Combine line 8c, columns (A) and (E		STMT 1		<u> </u>			84	<56,533
	g	Special event	s and activities (attach schedule) If any ar	nount is fro	m gaming, check	here I					
	a	Grass revenue (not		contributions re	ported on line 10)	9a					
	b		xpenses other than fundraising expenses			9b					
			r (loss) from special events. Subtract line	9b from fin	e 9a	1			- 1	90	
	10 a		t inventory, less returns and allowances			10a 10b				- 1	
-	6	Less cost of	goods sold ir (loss) from sales of inventory (attach so	hadulat Cu	blead in a 10b fra		100		$\dashv$	100	
	11		(from Part VII, line 103)	nadrie) da	Ottact tale 100 ili	ner mire	104		t	11	1,141,198
	12		a. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c. and 11				,	t	12	6,952,772
	13		ices (from line 44, column (B))						_	13	3,797,360
Expenses	14	Management	and general (from line 44, column (C))						ľ	14	2,362,062
bed	15	Fundraising (	from line 44, column (D))							15	147,823
ă	15		affiliates (attach schedule)	,						16	
_	17		es. Add lines 16 and 44, column (A)							17	6,307,245
2	18		ficit) for the year. Subtract line 17 from lir						-	18	645,527
25	19		fund balances at beginning of year (from			1010	cm s co	DMEDNO 1	,	19	4,893,101
Ä	2u 21		s in not assets or fund balances (attach e)			LL	oTAT!	EMENT :	4	20	<637,913
- 1	21	that geent of	fund balances at end of year. Combine lin	va 10, 19, 2	110 ZU					21	4,900,715

19361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-339\$

	art II Statement of All or	anizal		(A). Columns (B), (C), and	(D) are required for section	
		) orga	inizations and section 4947		(C) Management	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	and general	(D) Fundraising
222	Grants paid from donor advised funds					
	(attach schedule)				1	
	(cash \$ 0 - noncash \$ 0 -	1	1	l	1	
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule	* 1	1	İ		
	(cash \$ 0 - noncash \$ 0 -	4 [	(	ſ		
	If this amount includes foreign grants, check here	22b			1	
23	Specific assistance to individuals (attach		1	İ		
	schedule)	23				
24	Benefits paid to or for members (attach	1	į	l		
	schedule)	24				
252	Compensation of current officers, directors, key	-	360,505.	247,660.	80,604.	32,241
	employees, etc. listed in Part V-A Compensation of former officers, directors, key	25a	300,303.	247,000.	00,004.	32,231
U	employees, etc. listed in Part V-B	25b	8,703.	8,703.	0.	0
	Compensation and other distributions, not included	200	0,,031			
٠	above, to disqualified persons (as defined under	1 1	ł			
	section 4958(f)(1)) and persons described in	1 1	1		1	
	section 4958(c)(3)(B)	25€	ĺ	1		
26	Salaries and wages of employees not	-				
•	included on lines 25a, b, and c	26	1,376,027.	693,294.	615,171.	67,562
27	Pension plan contributions not included on					
	lines 25a, b, and c	27	19,297.	11,592.	7,552.	153
28	Employee benefits not included on lines	П				
	25a · 27	28	171,689.	95,297.	75,397.	995
29	Payroli taxes	29	126,837.	66,975.	58,019.	1,843
30	Professional fundraising fees	30	1			
31	Accounting fees	31	99,421.		99,421.	
32	Legal fees	32	13,602.		13,602.	
33	Supplies	33	25,744.	3,571.	22,173.	
34	Telephone	34	35,766.	1,205.	32,487.	2,074
	Postage and shipping	35	84,525.	20,072.	64,091.	362
	Occupancy	36	44,571.		41,897.	2,674
37	Equipment rental and maintenance	37	25,895.	8,009.	16,813.	1,073
	Printing and publications	38	110,004.	46,928.	62,887.	189
	Travel	39	255,193.	164,875.	86,564.	3,754
10	Conferences, conventions, and meetings	40	1,454,566.	1,440,936.	13,630.	
	Interest	41	101,165.		95,095.	6,070
	Depreciation, depietion, etc. (attach schedule) Other expenses not covered above (itemize):	42	101,103.		33,033.	0,070
٠,	Other expenses not covered above (itemize):	43a	}		)	
b		43b				
		43c				
ď		43d				
	**************************************	438				
ŧ		431				
g	SEE STATEMENT 3	430	1,993,735.	988,243.	976,659.	28,833
14	Total functional expenses. Add lines 22a through					
	43g (Organizations completing columns (B)-(D),					
	carry these totals to lines 13-15)	44	6,307,245.	3,797,360.	2,362,062.	147,823
loî	nt Costs. Check > if you are following	SOP				
tre	any joint costs from a combined educational campaig	gn and	fundraising solicitation rep	orted in (B) Program servic	8S?	Yes X No
	es," enter (i) the aggregate amount of these joint cos			i) the amount allocated to F		N/A :
u	the amount allocated to Management and general \$		N/A , and (I	v) the amount allocated to	Fundraising \$	N/A

09361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

		057353 Page <b>3</b>
	art 祺 Statement of Program Service Accomplishments (See the Instructions.)	
	m 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a p withe public perceives an organization in such cases may be determined by the information presented on its retum. Therefor	
	um is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.	ne, piedao make auto me
Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service
***	at 11 to Organization or primary oxompt perpendict	Expenses
cite	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others )
a	TO EDUCATE PHYSICIANS, OTHER HEALTH CARE PROFESSIONALS AND	
	PUBLIC ABOUT THE ROLE OF HOSPITALISTS AND PROMOTE HIGH	1
	QUALITY COST EFFECTIVE CARE THROUGH NEWSLETTERS AND PERIODIC	
	MEETINGS.	ì
		1
	(Grants and allocations \$ ) if this amount includes foreign grants, check here	3,797,360.
b		
		-
		1
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	ļ
C		ļ
		ł
		]
ď	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
u		1
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
e	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
1	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,797,360.
		Form <b>990</b> (2007)

	990 (	SOCIETY OF HOS Balance Sheets (See the instructions.)	PIT	AL MEDICINE		23-	-3057353 Page 4
-	: Whe	ere required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin th	e description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments	,		68,678. 1,178,015.	45 46	207,213. 1,380,844.
	47 a	Accounts receivable Less: allowance for doubtful accounts	47a 47b	310,214.	98,734.	475	310,214.
		Pledges receivable Less: allowance for doubtful accounts	48a 48b			48c	
	49 50 a	Grants receivable .  Receivables from current and former officers, di key employees	rector	s, trustees, and		49 50a	
şţ	b	Receivables from other disqualified persons (as 4958(f)(1)) and persons described in section 495	8(c)(3			50a	
Assets		Other notes and loans receivable Less allowance for doubtful accounts inventones for sale or use	51a 51b			51¢	
	53	Prepaid expenses and deferred charges Investments - publicly-traded securities STMT	. 5	Cost X FMV	52,514. 5,064,033.	53	95,551. 4,650,854.
	,	Investments - other securities Investments - land, buildings, and equipment: basis	55a	Cost FMV		54b	
	b	Less: accumulated depreciation	555			55c	
		Investments - other  Land, buildings, and equipment: basis  Less: accumulated depreciation	57a	721,096. 494,689.	171,460.	56 57c	226,407.
	58	Other assets, including program-related investments (describe		)		58	
	59 60 61	Total assets (must equal line 74). Add lines 45 t Accounts payable and accrued expenses Grants payable	hroug	h 58	6,633,434. 502,296.	59 60 61	6,871,083. 542,312.
Liabilities	62 63	Deferred revenue Loans from officers, directors, trustees, and key	empl	oyees	1,110,752.	62 63	896,950.
Liabil		Tax-exempt bond liabilities     Mortgages and other notes payable     Other liabilities (describe ► DEFERRED ME	MBE	RSHIP DUES	127,285.	64a 64b 65	531,106.
	66	Total liabilities. Add lines 60 through 65	TV1		1,740,333.	66	1,970,368.
saou	67	67 through 69 and lines 73 and 74. Unrestricted	نمن	and complete lines	4,893,101.	67	4,900,715.
ınd Bala	68 69 Orga	Temporarily restricted Permanently restricted inizations that do not follow SFAS 117, check t	iere l	▶ □ and		68 69	
Not Assets or Fund Balances	70	complete lines 70 through 74. Capital stock, trust principal, or current funds				70	
Net Asse	71 72 73	Paid-in or capital surplus, or land, building, and a Retained earnings, endowment, accumulated in Total net assets or fund balances. Add lines 67 throu	come	or other funds		71 72	
	74	(Column (A) must equal line 19 and column (B) must of Total flabilities and net assets/fund balances.	equal li	ne 21)	4,893,101. 6,633,434.	73 74	4,900,715. 6,871,083. Form <b>990</b> (2007)

723031 12-27-07

09361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

orm 990 (2007) SOCIETY OF HOSPITAL M Part IV-A   Reconciliation of Revenue per Audited Final		With R			30573 turn (Se	
Instructions.)  Total revenue, gains, and other support per audited financial stateme	nto				a 6,	317,05
Amounts included on line a but not on Part I, line 12:						: /
		b1	<637,9	13	>	
Net unrealized gains on investments Donated services and use of facilities		b2	2.2			
bonded do not be be on monthly		b3			ł	
Recoveries of prior year grants  Other (specify):		B4			- 1	
		194		-	b <	635,71
Add lines b1 through b4	*			- 1		952,77
Subtract line b from line a				1	. 0,	332111
Amounts included on Part I, line 12, but not on line a:		dt		-	- 1	
Investment expenses not included on Part I, line 6b		d2			1	
Other (specify):		Lagi		-	đ	
Add lines df and d2				_ }		952.77
Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina	ancial Statement	s With	Expenses	per F		332,11
Total expenses and losses per audited financial statements	,				a 6,	309,44
Amounts included on line a but not on Part I, line 17:		1 1			1	
Donated services and use of facilities		b1	2,2	00.	1	
Pnor year adjustments reported on Part I, line 20		52			į	
Losses reported on Part I, line 20		b3			1	
Other (specify):		b4				
Add lines b1 through b4				1	b	2,20
Subtract line b from line a				. [	c 6,	307,24
Amounts included on Part I, line 17, but not on line a:				-	-	
Investment expenses not included on Part I, line 6b		<b>d1</b>			1	
		12			ļ	
Add lines d1 and d2		<b>d2</b>			d _	202 01
Total expenses (Part I, line 17). Add lines c and d				<b>&gt;</b>	e 6,	307,24
Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d  art V-A Current Officers, Directors, Trustees, and Ke		each per		an of	e 6,	
Add lines d1 and d2 Total expenses (Part i, line 17). Add lines c and d		each per (See the	instructions.)		e 6, ficer, dire	ctor, trustee,
Add lines of and d?  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	(B) Title and average ho	each per (See the	instructions.)		e 6,	ctor, trustee,
Add lines of and d2 Total expenses [Part I, line 17]. Add lines c and d art V-A] Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.)	(D) Con employ plans compen	e 6, ficer, dire	(E) Expens account ar other allowar
Add lines of and d2 Total expenses [Part I, line 17]. Add lines c and d art V-A] Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines of and d?  Total expenses [Part I, line 17]. Add lines c and d art V-A  or key employee at any time during the year even if they we	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2 Total expenses [Part I, line 17]. Add lines c and d art V-A] Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2 Total expenses [Part I, line 17]. Add lines c and d art V-A] Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2 Total expenses [Part I, line 17]. Add lines c and d art V-A] Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines of and d2 Total expenses [Part I, line 17]. Add lines c and d art V-A] Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2 Total expenses [Part I, line 17]. Add lines c and d art V-A] Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expension other allows
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar
Add lines of and d2  Total expenses [Part   line 17]. Add lines c and d  art V-A] Current Officers, Directors, Trustees, and Ke  or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average ho	each per (See the urs (C) (	instructions.) Compensation of paid, enter -0)	(D) Con employ plans compen	e 6, floor, directifutions to yee benefit & deferred sation plans	(E) Expens account ar other allowar

39361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

Form 990 (2007) SOCIETY OF HOSPITAL M Part V-A Current Officers, Directors, Trustees, and Ke			23-3057	353		age 6 No
					105	NO
75 a Enter the total number of officers, directors, and trustees permitted	-	siness at board	• •			
meetings			12			
b Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest of	compensated emp	loyees			
listed in Schedule A, Part I, or highest compensated professional an-	d other independent contr	actors listed in Sc	hedule A.			
Part II-A or II-B, related to each other through family or business rela-	tionships? If "Yes," attach	a statement that :	dentifies			
the individuals and explains the relationship(s)				75b		X
c Do any officers, directors, trustees, or key employees listed in Form	990. Part V-A. or highest o	ompensated empl	ovees			
listed in Schedule A, Part I, or highest compensated professional an						
Part II-A or II-B, receive compensation from any other organizations,				i		
organization? See the instructions for the definition of "related organ	nization.*			75c		Х
if "Yes," attach a statement that includes the information described	in the instructions.				-	
Does the organization have a written conflict of interest policy?				75d	х	
Part V-B Former Officers, Directors, Trustees, and Ke	v Employees That R	eceived Com	pensation of		her	
Benefits (If any former officer, director, trustee, or key en	nployee received compens	ation or other ben	efits (describe	d belo	w) du	nng
the year, list that person below and enter the amount of co						
241.51		(C) Compensation			E) Expe	
(A) Name and address	(B) Loans and Advances	(rf not paid, enter -0-)	employee benefit plans & deferred	1 .41	count	
WILLIAM D. ATCHLEY JR MD FACP	<del></del>	enter-0-7	compensation plan	SOUR	r allow	ances
190 N INDEPENDENCE MALL W.						
				1		~~
PHILADELPHIA, PA 19106	0.	0.	0	4	<u>5,2</u>	3/.
MARY JO GORMAN MD MBA	1					
190 N INDEPENDENCE MALL W.	ł					
PHILADELPHIA, PA 19106	0.	0.	0		3,4	66.
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Root VI Other Information (6 th	L	L	L	٫	V	
Part VI Other Information (See the instructions.)		~	-		Yes	No
75 Did the organization make a change in its activities or methods of co	nducting activities? If "Yes	s," attach a detaile	d	-		
statement of each change			1	76		X
77 Were any changes made in the organizing or governing documents t	out not reported to the IRS	7	1	77	.,,,,	Х
If "Yes," attach a conformed copy of the changes.			1	-		
78 a Did the organization have unrelated business gross income of \$1,000	0 or more during the year o	covered by this ret		78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contri-				79		Х
80 a is the organization related (other than by association with a statewid	e or nationwide organization	on) through comm				
membership, governing bodies, trustees, officers, etc., to any other e			j	80a		Х
b if 'Yes,' enter the name of the organization ► N/A	,				-	
-	and check whether it is	exempt or	полехетрі	1		
81 a Enter direct and indirect political expenditures. (See line 81 instruction		81a	0.	1		
b Did the organization file Form 1120-POL for this year?				81b		х
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		··			990	
				. 01711	J30 (	-501)

	990 (2007) SOCIETY OF HOSPITAL MEDICINE		23-3057	303		age 7
<u> </u>	t VI Other Information (continued)				Tes	No
5Z 2	Did the organization receive donated services or the use of materials, equipment, or facilities at ne	o charge or at	substantially		х	
	less than fair rental value?	**	**	82a	^	
0	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.)	2b	2,200.			
	Did the organization comply with the public inspection requirements for returns and exemption as		2,200.	83a	x	ĺ
	Did the organization comply with the disclosure requirements relating to guid pro guic contribution			83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	ilar , .		84a	1	x
	# 'Yes,' did the organization include with every solicitation an express statement that such contri	sbutions or ait	s were not	-		-
•	tax deductible?	DELIONS OF SH	N/A	84b		1
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A	85a	T-	
	Did the organization make only in house lobbying expenditures of \$2,000 or less?		N/A	85b	T	
-	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the c	rganization re	ceived a			
	waiver for proxy tax owed for the prior year.					
t		5c	N/A			1
đ		5d	N/A	1		
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 8	5e	N/A			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	51	N/A			1
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount or	n line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures	for the			1	İ
	following tax year?		N/A	85h		
36	501(c)(7) organizations. Enter: a Infliation fees and capital contributions included on					
	line 12	6a	N/A			
þ	Gross receipts, included on line 12, for public use of club facilities	6b	N/A			
37	501(c)(12) organizations. Enter: a Gross income from members or shareholders	7a	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.)	7b	N/A			
s 88	At any time during the year, did the organization own a 50% or greater interest in a taxable corpo					
	or an entity disregarded as separate from the organization under Regulations sections 301.7701:	2 and 301.770	11-37			
	If "Yes," complete Part IX			88a		X
Þ	At any time during the year, did the organization, directly or indirectly, own a controlled entity wit	hin the meani	ng of	l		١,,
	section 512(b)(13)? If "Yes," complete Part XI		-	88b		X
39·a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	_				l
	section 4911 ▶ 0 • section 4912 ▶ 0 • section 4955 ▶		0.			
B	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess ber					
	transaction during the year or did it become aware of an excess benefit transaction from a prior y if "Yes," attach a statement explaining each transaction	earr		89b	1	х
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the ye	Artindar		990	-	-
٠	sections 4912, 4955, and 4958	• diiO€i	0.			
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<del>0.</del>			l
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	shelter transa		89a		х
1	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurar			89f		X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did t		organization.			
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time du			89g	]	х
30 a	List the states with which a copy of this return is filed PA, IL, NJ, NY			Landaria Mari	•	
b	Number of employees employed in the pay period that includes March 12, 2007		00			26
11 z	The books are in care of ▶ BOB ZIPPERLEN	Telephone no	▶ 215-35	1-7	754	
	Located at ▶ 190 N. INDEPENDENCE MALL W., PHILADELPHIA	, PA	ZIP+4 ▶ 1			
b	At any time during the calendar year, did the organization have an interest in or a signature or oth				Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other final	ncial account)	?	91b	$I^{-}$	Х
	If "Yes," enter the name of the foreign country ► N/A				1	
	in Tea, enter the harre of the foreign country >					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore	eign Bank				

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5	At any time during the calendar year,	, did the organiz			of the Uni	ted States?	91¢ X
	If "Yes," enter the name of the foreig			/A			
92	Section 4947(a)(1) nonexempt charita					re . ▶   92	لسا حمين ،
De	and enter the amount of tax-exempt art VII Analysis of Income-P					92	N/A
	·····			business income		d by section 512, 513, or 514	
	te: Enter gross amounts unless otherwi licated.	ise	(A)	(B)	(C)	(D)	(E) Related or exempt
	Program service revenue:	1	Business	Amount	Exclu- sion	Amount	function income
20		s t			COOLS		725,968.
b	REGISTRATION FEES						1,823,285
					+		.,,
d					+		
a					+		
f	Medicare/Medicaid payments	——			+-+		
	Fees and contracts from government	anencies			+++		
-	Membership dues and assessments	-					1,062,700.
	interest on savings and temporary cash in	vestments			14	47,482.	
	Dividends and interest from securities	; <del>-</del>			14	279,132.	
	Net rental income or (loss) from real e						
	debt-financed property	-		***************************************			L
	not debt-financed property	- t					L
	Net rental income or (loss) from perso	nal property					
	Other investment income						
	Gain or (loss) from sales of assets				-		
	other than inventory	1					<56,533.
101	Net income or (loss) from special ever	nts		***************************************			
102	Gross profit or (loss) from sales of inve				$\neg \vdash \neg \vdash$		
	Other revenue:	·····/					
3	ROYALTY INCOME	1			15	1,141,198.	
b					+=+		
					$\rightarrow$		
d							
104	Subtotal (add columns (B), (D), and (E)	))		(	5.	1,467,812.	3,555,420.
	Total (add line 104, columns (B), (D), a						5,023,232.
	e: Line 105 plus line 1e, Part I, should e		t on line 12,	Part I.			
Pa	et VIII Relationship of Activi	ties to the A	ccomplis	hment of Exer	not Pure	OSES (See the instructi	ons.i
Lin	e No. Explain how each activity for which	income is reporti	ed in column (	E) of Part VII contribu	ited importa	ntly to the accomplishment	of the organization's
	<ul> <li>exempt purposes (other than by pr</li> </ul>	roviding funds for	such purpose	s)		,	· , • · <b>9</b>
	SEE STATEMENT	7					
Pa	rt IX Information Regarding	g Taxable S	ubsidiarie	s and Disrega	rded Ent		ns.)
N:	(A) ame, address, and EIN of corporation.	(8) Percentage of	l .	(C) Vature of activities		(D) Total income	(E) End-of-year
	partnership, or disregarded entity ov	wnership interest	· · · · · · · · · · · · · · · · · · ·	ABITURE OF SCHAMISS		rotal income	assels
		%					
	N/A	%					
		%					
_		%					
				d with Darcon	al Ranat	it Contracts (See the	instructions)
*******	rt X Information Regarding						
(s)	Did the organization, during the year, rece	eve any funds, des	ectly or indired	tly, to pay premiums	on a person		Yes X No
(p)		eve any funds, der premiums, directi	ectly or indirec y ar indirectly	tly, to pay premiums	on a person		

723163 12-27-07

8 09361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

Form 990 (2007) SOCIETY OF HOSPITAL MEDICINE	23-30	
Part XI Information Regarding Transfers To and From Controlled Entities. Co	implete only if the organ	ization is a
controlling organization as defined in section 512(b)(13). N/A		Yes No
185 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) (B) Francourt	(C)	(D) Amount of
Name, address, of each Employer   ternilization   controlled entity   Number	Description of transfer	transfer
neships.	***************************************	
a		1
b		
c		
Table		
Totals		Yes No
187 Did the reporting organization receive any transfers from a controlled entity as defined in section 5	12(b)(13) of the Code? If	
complete the schedule below for each controlled entity.		
(A) (B) Name, address, of each Employer	(C) Description of	(D) Amount of
controlled entity Identification	transfer	transfer
a		
		<del> </del>
b		
c		
		<b> </b>
Totals		<u> </u>
		Yes No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the inter- annuities described in guestion 107 above?	est, rents, royalties, and	
Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and statements, and t and dampiete Declaration of preparer (other than officer) is based on att information of which preparer has any knowledge	o the best of my knowledge and	belief, it is true, correct
Please VIIII	1 1/7/08	
Sign Signature of officer	Date	
Here Lavence Walkion CED	Date	
Type or print name and type		
Paid Preparer's CA Date Check	- 1	SN or PTIN (See Gen Inst X)
Paid Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Sign	red > - 1000	10875
Preparer's Sugnature Preparer's AMPER, POLITZINER & MATTIA, LLP	- 1	10875
Paid Preparer's signature Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Preparer's Prepare	EIN ► 26-28	10875

SCHEDULE A Organization Exempt Under Section 501(c)(3) (Form 990 or 990-EZ) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust 2007 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 Employer Identification number SOCIETY OF HOSPITAL MEDICINE 23. 3057353 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees nter "None")

(b) Title and average hours per week devoted to position

ED & QUAL IN (See page 1 of the instructions. List each one. If there are none, enter (a) Name and address of each employee paid more than \$50,000 more than \$50,000

GERALDINE BARNES
190 N INDEPENDENCE MALL W., PHILADELP
TODD VON DEAK
190 N INDEPENDENCE MALL W., PHILADELP
SCOTT JOHNSON
190 N INDEPENDENCE MALL W., PHILADELP
SANDRA BIDDICK INITIATIVE 40.00 MEMBERSHIP/ 95,924 MARKETING 40.00 BUS SERVI 91,182 TECH 2,720 BUS SERVICES | 40.00 | 83,65.3 | 62,348. 130 N INDEPENDENCE MALE W., FILADELY 190 N INDEPENDENCE MALL W., PHILADELP SHANNON ROACH 190 N INDEPENDENCE MALL W., PHILADELP 1,191 Total number of other employees paid over \$50,000

Part 15-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 JOSEPH MILLER MANAGEMENT JOSEPH MILLER
130 MEADOWBROOK ROAD, NEEDHAM, MA 02492-1935
LAURA L. ALLENDORF
9009 AVIS COURT, VIENNA, VA 22182
TINA BUDNITZ
5696 ALTO CT, NORCROSS, GA 30092
MARK WILLIAMS CONSULTANT 175,515. PUBLIC POLICY
QUALITY 85,627. INTIATIVES 74,089. YOUR PART TIME CONTROLLER
PO BOX 3252, CHERRY HILL, NJ 08003 65,755. FINANCIAL SERVICES 63,056. Total number of others receiving over \$50,000 for professional services 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 TRIGON TECHNOLOGY 640 LEE ROAD, STE 230, WAYNE, PA 19087 LANE SERVICES IT SERVICES 106,335. 922 S WOODBOURNE RD SUITE 117, LEVITTOWN, PA 1905IT CONSULTANT 65,294. \_\_\_\_\_\_ Total number of other contractors receiving over

723101712-27-07 LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2007
09361009 75 9040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

\$50,000 for other services

0

Insistes, 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, tustee, majority owner, or principal beneficary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)  2	Schedule A (Form 990 or 990-EZ) 2007 SOCIETY OF HOSPITAL MEDICINE	23-30573	53	Page 2
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 1 of Part VI-B) \$ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) \$ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) \$ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) \$ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B AND attach a statement growing a detailed description of the lobbying activities \$ 2 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B AND attach a statement growing a detailed description of the lobbying activities \$ 2 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B AND attach a statement explaining on the part VI-B AND attach a statement explaining the part VI-B AND attach a statement explaining the transactions.)  2 Elembring of goods, services, or facilities?  2 Elembring of goods, services, or facilities?  2 Elembring of goods, services, or facilities?  2 Elembring of goods, services, or facilities?  3 End the organization for payment or reimbursement of expenses if more than \$1,000)?  3 EE STATEMENT  4 Elembring of goods, services, or facilities?  5 E Old the organization of the income or assets?  5 Did the organization make grants for scholarships, fellowships, student foans, etc? (If Yes, attach an explanation of how the organization receive or hold an essement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If Yes, attach a detailed statement  4 Did the organization make any taxable distributions under section 4966?  5 Und the organization make any taxable distributions under section 4966?  6 Und the organization make any taxable distributions under section 4966?  8 Und the organization	Part III Statements About Activities (See page 2 of the instructions )		Yes	No
S	1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence	, ,		
In a I of Part VI-B ) Organizations that made an electron under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Sr must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities  2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustiess, directors, officers, creators, key employees, or members of their families, or with any backler organization with which any such particles and extended a telectromet explaining the transactions.)  3. Stale, exchange, or leasing of property?  4. Lending of money or other extension of credit?  5. Furnishing of podos, services, or facilities?  6. Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  7. SEE STATEMENT  8. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X. 2d. X	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the	}	1	1
Organizations that made an electron 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 gring a detailed description of the lobbying activities  2 During the year, has the organization, either directive or indicedly, engaged in any of the following activities to tractices, officers, creators, key employees, or members of their families, or with any stability 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.)  2 Lending of money or other extension of credit?  2 Enumbing of goods, services, or facilities?  4 Payment of complessation or payment or reimbursement of expenses if more than \$1,000)?  5 EE STATEMENT  8 Payment of complessation or payment or reimbursement of expenses if more than \$1,000)?  9 SEE STATEMENT  8 Payment of complessation or payment or reimbursement of expenses if more than \$1,000)?  9 SEE STATEMENT  9 Let be organization also a school and services and the complessation of how the organization determines that recipients qualify to receive payments.)  10 Did the organization also associated and season of the conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make a distribution under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable dis	lobbying activities 🕨 \$ \$ (Must equal amounts on line \$	18, Part VI-A, or	1	
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities  2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, fusitee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)  3 Sale, exchange, or leasing of property?  2 Lending of money or other extension of credit?  5 Furnishing of goods, services, or facilities?  6 Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  8 SEE STATEMENT  8 2d X  2e X  9 Transfer of any part of fis income or assets?  9 Did the organization make grants for scholderships, fellowships, student foans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)  9 Did the organization and prants for scholderships, fellowships, student foans, etc ? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees?  10 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  4 Did the organization make any taxable distributions under section 4966?  10 A B Did the organization make any taxable distributions under section 4966?  10 A B Did the organization make any taxable distributions under section 4966?  10 A B Did the organization make any taxable distributions under section 4966?  10 A B Did the organization make any taxable distributions under section 4966?  10 A B Did the organization make any taxable distributions under section 4966?  10 A B Did the organization make an	ime i of Part VI-8 )	_1		X
2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trusties, directions, officers, creations, systemic polyces, or members of their families, or with any taxable organization with which any such persons a filtiated as an officer, director, flustee, majority owner, or principal beneficiary? (if the enswer to any question is "Yes," attach a detailed statement explaining the transactions.)  3. Sale, exchange, or leasing of property?  4. Lending of money or other extension of credit?  4. Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  5. EE STATEMENT  5. 2d X.  2e X.  2e X.  2e X.  2 a X.  2 b When organization or fits income or assets?  6. Old the organization make grants for scholarships, fellowships, student loans, etc. 2 (If Yes, attach an explanation of how the organization make grants for scholarships, fellowships, student loans, etc. 2 (If Yes, attach an explanation of how the organization determines that recipients qualify to receive payments.)  8. Did the organization make any station for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If Yes, attach a detailed statement  4. Did the organization make any donor advised funds? If Yes, complete plans, or debt negotiation services?  4. Did the organization make any taxable distributions under section 4966?  5. Old the organization make any taxable distributions under section 4966?  6. Old the organization make any taxable distributions under section 49667  7. In the organization make a distributions under section 49667  8. Old the organization make any taxable distributions under section 49667  8. Old the organization make any taxable distributions under section 49667  8. Old the organization make any taxable distributions under advisor, or related person?  9. A 4 Did the organization make any taxable distributions under section 49667  9. N/A  9. Ent	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations	ì	1	
trustess, 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.)  2	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	1	1
b Lending of money or other extension of credit?  c Furnishing of goods, services, or facilities?  d Payment of compinesation (or payment or reimbursement of expenses if more than \$1,000)?  SEE STATEMENT 8  22 X  24 X  28 Transfer of any part of its income or assets?  3 a Did the organization alse grants for scinolarships, fellowships, student foans, etc ? (If Yes, attach an explanation of how the organization determines that recipients qualify to receive payments)  b Did the organization have a section 403(b) annuity plan for its employees?  c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or nictions or structures? If Yes, "attach a detailed statement  d Did the organization provide credit counseling, debt management, credit repair, or debt negotistion services?  3 d X  4 a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  c) Und the organization make a distribution under section 4966?  c) Und the organization make a distribution and advisor, or related persor?  d Either the Lotal number of donor advised funds owned at the end of the tax year  e Enter the total number of separate funds or accounts owned at the end of the tax year  I Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 40) where donors have the right to provide advice on the distribution or mestiment of amounts in such funds included on line 40) where donors have the right to provide advice on the distribution or mestiment of amounts in such funds included on line 40 where donors have the right to provide advice on the distribution or mestiment of amounts in such funds included on line 40 where donors have the right to provide advice on the distribution or mestiment of amounts in such funds included on	trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which a person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "	ny such		
t Furnishing of goods, services, or facilities?  If Payment of complensation (or payment or reimbursement of expenses if more than \$1,000)?  SEE STATEMENT 8  2c  X  2d  X  2d  X  2d  X  3  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 }  Did the organization determines that recipients qualify to receive payments }  Did the organization determines that recipients qualify to receive payments }  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	a Sale, exchange, or leasing of property?	2	a	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  8 EE STATEMENT 8 2d X 2e Transfer of any part of its income or assets? 3 a Unit 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)  9 bid the organization determines that recipients qualify to receive payments 9 bid the organization receive or hold an easiment for conservation purposes, including easiments to preserve open space, the environment, historic land areas or historic structures? If Yes, attach a detailed statement 9 bid the organization make any donor advised funds? If Yes, complete lines 4b through 4g If Yio, complete lines 4d and 4g 9 bid the organization make any taxable distributions under section 4966? 9 bid the organization make any taxable distributions under section 4966? 9 bid the organization make any taxable distributions under section 4966? 9 bid the organization make any taxable distributions under section 4966? 9 bid the organization make any taxable distributions under section 4966? 9 bid the organization make any taxable distributions under section 4966? 9 bid the organization make any taxable distributions under section 4966? 9 bid the organization make a distribution or donor advised funds on advised funds included on line 40 where donors have the right to provide advice on the distribution or investment of amounts in such funds included on line 40 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	b Landing of money or other extension of cradit?	21	b	
e Transfer of any part of its income or assets?  3 a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "yas," attach an explanation of how the organization make grants for scholarships, fellowships, student loans, etc ? (If "yas," attach an explanation of how the organization have a section 403(b) annutly plan for its employees?  5 Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or inctions structures? If "yes," attach a detailed statement of the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or inctions structures? If "yes," attach a detailed statement of the load the organization make any exception, getter threagetistion services?  4 a Did the organization make any taxable distributions under section 4966?  5 Did the organization make any taxable distributions under section 4966?  6 Linter the total number of donor advised funds owned at the end of the tax year  7 Enter the lotal number of donor advised funds owned at the end of the tax year  8 Enter the lotal number of separata funds or accounts owned at the end of the year (excluding donor advised thinds included on line 4d) where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts  9 Did where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts		· ·		X
3 a 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 )  3 a X  5 Did the organization determines that recipients qualify to receive payments )  5 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  5 C X  6 Did the organization provide credit counseling, debit management, credit repair, or debit negotation services?  6 Lind to organization make any davable distributions under section 4966?  7 Did the organization make any taxable distributions under section 4966?  8 Did the organization make any taxable distributions under section 4966?  8 Did the organization make any taxable distributions under section 4966?  8 Did the organization make any taxable distributions of control advisor, or related person?  8 Did the organization make as distribution or diversity of the control of the tax year  9 Enter the total number of donor advised funds owned at the end of the tax year  1 Enter the lotal 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  9 Did where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATE			
the organization determines that recipients qualify to receive payments )  b Did the organization have a section 403(b) annuity plan for its employees?  c Did the organization receive or hold an essement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If Yes, "attach a detailed statement or the organization provide credit counseling, dieth menagement, credit repair, or debt negotation services?  4 a Did the organization maintain any donor advised funds? If Yes, "complete lines 4th through 4g If Yes," complete lines 4th and 4g and 4g bit the organization maintain any donor advised funds? If Yes," complete lines 4th through 4g If Yes," complete lines 4th bit organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Ot the organization make any taxable distributions under section 4966?  b Ot the organization make asystematic organization organization make a distribution or distribution or mental person?  If Enter the total number of donor advised funds owned at the end of the tax year  I 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 mentalment of amounts in such funds or accounts  O -	e Transfer of any part of its income or assets?	. 2	8	X
b Did the organization have a section 403(b) annuity plan for its employees?  c Did the organization receive or hold an essement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If Yes, 'attach a detailed statement  d Did the organization provide credit counseling, debt management, credit repair, or debt negotation services?  3 2 X  4 a Did the organization maintain any donor advised funds? If Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distribution is under section 4966?  b Did the organization make and starbothon to a donor, donor adviser, or related person?  b Enter the total number of donor advised funds owned at the end of the tax year  c Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year  c Enter the doll number of separate funds or accounts owned at the end of the year (excluding donor advised thinds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	3 a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how	1		l
to 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  1 Did the organization provide credit counseling, debt management, credit repair, or debt negotation services?  2 A 3 Did the organization make any davable distributions under section 4966?  2 Did the organization make any taxable distributions under section 4966?  3 Did the organization make any taxable distributions under section 4966?  4 Did the organization make and starbutions of a donor, donor advised, or related person?  4 Einter the total number of donor advised funds owned at the end of the tax year  5 Enter the lotal number of section all donor advised funds owned at the end of the tax year  6 Enter the total number of secretaria 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  5 D.	the organization determines that recipients qualify to receive payments.)			
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d Did the organization provide credit counseling, debt management, credit repair, or debt negotation services?  4 a Did the organization maintain any donor advised funds? If Yes, complete lines 4b through 4g. If 'No,' complete lines 4f and 4g  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  c Did the organization make a distribution to a donor, donor adviser, or related person?  d Enter the logal number of donor advised funds owned at the end of the tax year  e Enter the aggregate value of assets held in all donor advised funds owned at the end of the year (excluding donor advised tunds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts  0.		\ \	-	
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 41 and 4g.  b Did the organization make any taxable distributions under section 4966?  N/A  b Did the organization make any taxable distribution to a donor, donor advisor, or related person?  If Enter the total number of donor advised funds owned at the end of the tax year  a Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year  If Enter the Iotal 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  O .	the environment, historic land areas or historic structures? It "Yes," attach a detailed statement	3	<u> </u>	
and 4g  b Did the organization make any taxable distributions under section 4966?  N/A  Enter the total number of donor advised funds owned at the end of the tax year  Enter the botal 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 night to provide advice on the distribution or investment of amounts in such funds or accounts  4 3	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3	d	X
b Did the organization make any taxable distributions under section 4966?  10 did the organization make a distribution to a donor, donor advisor, or related person?  11 Enter the total number of donor advisor dunds owned at the end of the tax year  12 Enter the aggregate value of assets held in all donor advisor funds owned at the end of the tax year  13 Enter the total number of separate funds owned as the end of the year (excluding donor advised funds 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  14 Description of the organization of the distribution or investment of amounts in such funds or accounts.	4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	1	1	
to Did the organization make a distribution to a donor, donor advisor, or related person?  ### Comparization make a distribution to a donor, donor advisor, or related person?  #### Enter the total number of donor advised funds owned at the end of the tax year  #### Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year  #### 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  ###################################				X
d Enter the total number of donor advised funds owned at the end of the tax year  Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year  Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on tine 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts  O	b Did the organization make any taxable distributions under section 4966?			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year  1. Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on time 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts  0.	c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A		1_
Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on time 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	d Enter the total number of donor advised funds owned at the end of the tax year	▶		
tine 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the lax year	▶	N/	A
	f. Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
g Enter the aggregate value of assets in all funds or accounts included on line 41 at the end of the tax year	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	▶		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 41 at the end of the tax year	▶		0.

Schedule A (Form 990 or 990-EZ) 2007

		orm 990 or 990-EZ) 2007 SOCIETY OF HO				23-305	77333	
art	IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instruction	ns )	· · · · · · · · · · · · · · · · · · ·		
	that th	e organization is not a private foundation because it is: (i	-					
	닏	A church, convention of churches, or association of ch		)(A)(i).				
	닏	A school. Section 170(b)(1)(A)(ii) (Also complete Part						
	屵	A hospital or a cooperative hospital service organization		•				
	$\vdash$	A federal, state, or local government or governmental u						
	لسا	A medical research organization operated in conjunction	n with a hospital Section	170(b)(1)(A)(iii) Enter	he hospital's	name, city,		
1	Ш	An organization operated for the benefit of a college or	university owned or opa	rated by a governmental	ind Section	170(b)(1)(A)(N)		
		(Also complete the Support Schedule in Part IV-A )						
a	$\mathbf{X}$	An organization that normally receives a substantial pa	irt of its support from a g	overnmental unit or from	the general	public.		
		Section 170(b)(1)(A)(vt) (Also complete the Support						
b	닐	A community trust Section 170(b)(1)(A)(vi). (Also con						
!	لــا	An organization that normally receives (1) more than to receipts from activities related to its charitable, etc., funds support from gross investment income and unrelate by the organization after June 30, 1975. See section 5	ctions - subject to certai of business taxable incor	n exceptions, and (2) no ne (less section 511 lax)	more than 33 from busines	1/3% of		
3		An organization that is not controlled by any disqualified 509(a)(3). Check the box that describes the type of sus Type I. Type II.	porting organization	undation managers) and nctionally integrated	otherwise me	ets the requiren		tion
		Provide the following information at	out the supported orga	nizations. (See page 8 of	the instruction	ons )		
		(a) Name(s) of supported organization(s)	(b) Employer	(c) Type of organization		pported	(e) Amouni	
			identification number (EIN)	(described in lines 5 through 12 above or IRC section)	the sup organi	en listed in porting ration's documents?	suppo	п
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	п
				5 through 12 above	the sup organi	porting ration's	suppo	п
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	л
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	п
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	п
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	п
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	п
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	n
				5 through 12 above	the sug organi governing	porting ration's documents?	Suppo	n
				5 through 12 above	the sug organi governing	porting ration's documents?	suppo	
				5 through 12 above	the sug organi governing	porting ration's documents?	Suppo	
-				5 through 12 above	the sug organi governing	porting ration's documents?	Suppo	
				5 through 12 above	the sug organi governing	porting ration's documents?	Suppo	
				5 through 12 above	the sug organi governing	porting ration's documents?	Suppo	
ai				5 through 12 above	the sug organi governing	porting ration's documents?	Suppo	

Note: Vo	Schedule (Co	omplete only if you che worksheet in the inst	ecked a box on line 10	11, or 12.) Use cash	method of acc	ountin	g. untina	_
alendar year (or liscal yes		(a) 2006	(b) 2005	(c) 2004	(d) 2003	, dece	(e) Total	_
5 Gifts, grants, and con received (Do not incli grants See line 28)	inbutions ide unusual	1,316,058.		999,125.	354,0	70.	4,091,2	42
6 Membership fees reci		986,303.	796,560.	650,183.	445,4		2,878,4	
7 Gross receipts from a merchandise sold or performed, or furnish facilities in any activity related to the organizated.	dmissions, services ing of that is	700,000					_ =	
charitable, etc., purpo		2,127,898.	1,747,455.	1,223,651.	787,0	05.	5,886,0	109
ends, amounts recent ments on securities to 12(a)(5)), rents, roy from similar sources, business taxable inco section 511 taxes) fro acquired by the organ June 30, 1975	ed from pay- lans (section alties, income and unrelated me (less	1,115,284.	64,425.	55,960.	40,2	17.	1,275,8	386
Net income from unre activities not included	lated business	0.	78,271.	55,143.	31,3	48.	164.7	162
Tax revenues levied for organization's benefit paid to it or expended	or the							
The value of services furnished to the orgal governmental unit will be not include the value or facilities generally the public without characterists.	ization by a hout charge ue of services umished to irge							
Other income Attach Do not include gain o sale of capital assets	(loss) from	E 545 543	4 100 700	2 004 062	1 650 0	56	14 206	161
Total of lines 15 throu	gn 22	3,343,343.	4,108,700. 2,361,245.	1 760 411	1,636,0	20.	14,296,3	
4 Line 23 minus line 17		3,417,645.	2,361,243.	29,841.	16,5	21.	8,410,3	132
5 Enter 1% of line 23			41,087.			L-	160	707
		or 11: a Enter 2% of				26a	168,2	.0
		w the name of and amou						
		on) whose total gifts for 2		ded the amount shown is				
		Enter the total of all thes			•	26b	2,321,3	3/:
<ul> <li>Total support for sect</li> </ul>	ion 509(a)(1) t	est. Enter line 24, column	(e)		. ▶	26€	8,410,3	35
d Add Amounts from a	olumn (e) for h	nes 18 <u>1,2</u>	75,886. 19 26b	164,76	2.			
		22	26b	2,321,37	<u>5.</u> . >	260	3,762,0	
e Public support (line 2	6c minus line 2	(6d total)			▶	268	4,648,	
		(numerator) divided by				261	55.26	19
	ame of, and to	a For amounts included tal amounts received in e. N/A (2005)	ach year from, each *disq			ur retur		f
b For any amount inclu	ted in line 17 ti						to show the name o	of.
		hat was more than the la						
		well as individuals.) Do n						nd
the larger amount des	cribed in (1) o	r (2), enter the sum of the	se differences (the exces	s amounts) for each year	N/A			
(2006)	• • •	(2005)		004)	(20)	)3)		
c Add Amounts from c	olumn (e) for la			16	,			
	17	20		21		27E	N/I	A.
d Add Line 27a total			d line 27b total		<b>&gt;</b>	27d	N/I	4
a Public support (line 2	7c total minus	line 27d total)			<b>&gt;</b>	27e	N/1	1
f Total support for sect	ion 509(a)(2) t	est Enter amount on line	23, column (e)	271	N/A			
		(numerator) divided by			<b>&gt;</b>	270	N/2	A
h investment income p				(denominator))	•	27h	N/1	1
Unusual Grants: For an	organization di name of the co	escribed in line 10, 11, or ontributor, the date and a	12 that received any unu	sual grants during 2003	through 2006, pre lature of the grant	pare a l	st for your records file this list with y	to our
			ONE					EZ) 2

hedule A (Form 990 or 990-EZ) 2007 SOCIETY OF HOSPITAL MEDICINE	23-3057353	Page
art 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	in Part IV)	
	Ye	s
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylan		4
instrument, or in a resolution of its governing body?	29	_
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brock		1
and other written communications with the public dealing with student admissions, programs, and scholarship	s? 38	_
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media dur	ring the period of	
solicitation for students, or during the registration period if it has no solicitation program, in a way that makes t	the policy known	
to all parts of the general community it serves?		$\perp$
If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
Does the organization maintain the following  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	-
<ul> <li>Records indicating the racial composition of the student body, faculty, and administrative staff?</li> <li>Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminal</li> </ul>	·	+
		+
<ul> <li>Copies of all catalogues, brochures, announcements, and other written communications to the public dealing w</li> </ul>	MAIN STOREST	1
administration are accounted and anticological and anticological and anticological and anticological and anticological and anticological and anticological and anticological and anticological and anticological and anticological and anticological anticological and anticological and anticological and anticological anticological and anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticological anticol	924	1
admissions, programs, and scholarships?	32¢	+
admissions, programs, and scholarships?  I Copies of all material used by the organization or on its behalf to solicit contributions?  If you answeed 'No' to any of the above, please explain. (If you need more space, attach a separate statement)	324	+
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)	324	+
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)  Does the organization discriminate by race in any way with respect to	32d	
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)  Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?	324	
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.)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions policies?	324 33a 33b	
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 )  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 staft?	32a 33a 33b 33c	
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)  Does the organization discriminate by race in any way with respect to  Students' inplies or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	324 334 33b 33c 33d	
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.)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	324 33a 33b 33c 33c 33d 33e	
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.)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions poticies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of faculties?	32a 33a 33b 33c 33d 33e 33e 33f	
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.)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of faculties?  Alhibitic programs?	33a 33b 33c 33d 33e 33d 33g 33g	
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.)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions poticies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of faculties?	324 33a 33b 33c 33c 33d 33e 331 33g 33n	
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)    Does the organization discriminate by race in any way with respect to   Students' rights or privileges?   Admissions policies?   Employment of faculty or administrative staff?   Scholarships or other financial assistance?   Educational policies?   Use of facilities?   Athletic programs?   Athletic programs?	324 33a 33b 33c 33c 33d 33e 331 33g 33n	
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.)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  I Use of faculties?  Althetic programs?  Althetic programs?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement if you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	324 33a 33b 33c 33c 33d 33e 331 33g 33n	
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.)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  I Use of faculties?  Athelic programs?  Athelic programs?  If the variancimular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement	324 33a 33b 33c 33c 33c 33d 33e 33d 33g 33n	
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)  Does the organization discriminate by race in any way with respect to  Students' rights or privileges?  Admissions policies?  Admissions policies?  Employment of faculty or administrative statt?  Scholarships or other financial assistance?  Educational policies?  I Use of faculties?  Athletic programs?  Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)  Does the organization receive any financial aid or assistance from a governmental agency?	33a 33b 33b 33c 33d 33e 33f 33g 33h	
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)  Does the organization discriminate by race in any way with respect to  8 Students' rights or privileges?  Admissions policies?  6 Employment of faculty or administrative staff?  7 Ecolography or other financial assistance?  8 Educational policies?  9 Use of facultities?  9 Athletic programs?  1 Other extracurricular activities?  1 Other extracurricular activities?  1 of you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement of the organization receive any financial aid or assistance from a governmental agency?  1 be the organization receive any financial and or assistance from a governmental agency?	324 33a 33b 33c 33c 33c 33d 33d 33d 33d 33d	

Schedule A (Form 990 or 990-E Part VI-A Lobbying (To be comple	Expenditures by			ige 11 o	the instruc	tions )		N/A
	zation belongs to an affilia			you che	cked "a" an	d "Irmited o	ontrof	provisions apply.
ı	imits on Lobbyin	g Expenditures			Affilia	(a) ted group		(b) To be completed for
(The to	rm "expenditures" means	amounts paid or incurred	)			totals		electing organization
		· · · · · · · · · · · · · · · · · · ·	<del></del>	T	N	/A		
36 Total lobbying expenditures	to influence public opinio	in (grassroots tobbying)		36			- 1	
37 Total lobbying expenditures				37				
38 Total lobbying expenditures				38				
39 Other exempt purpose expe				39				
40 Total exempt purpose exper	ditures (add lines 38 and	39)		40				
11 Lobbying nontaxable amous	it Enter the amount from	the following table -						
If the amount on line 40 is	- The lob	bying nontaxable amount	is -					
Not over \$500,000	, 20% of th	ne amount on line 40		1 1				
Over \$500,000 but not over \$1,00	00,000 \$100,000	plus 15% of the excess over \$	500,000				-	
Over \$1,000,000 but not over \$1,	500,000 . \$175,000	plus 10% of the excess over \$	1,000,000	41				
Over \$1,500,000 but not over \$1		plus 5% of the excess over \$1	,500,000	1			1	
Over \$17,000,000	\$1,000,00	•					ŧ	
42 Grassroots nontaxable amo				42				
43 Subtract line 42 from line 36				43				
44 Subtract line 41 from line 38	Enter -U- if line 41 is mo	ore than line 38		44				
Caution: If there is an arr	ount on either line 43 o	or line 44. vou must file	Form 4720.					
		e instructions for lines 45 t	ection do not have t hrough 50 on page		instruction	is)		
Natural or upon (pa	below See the	e instructions for lines 45 t Lebbying	hrough 50 on page Expenditures Duri	13 of the		g Period		N/A
Calendar year (or Iscal year beginning in)	below See the	e instructions for lines 45 t	hrough 50 on page	13 of the				N/A (e) Total
liscal year beginning in)  15 Lobbying nontaxable	below See the	e instructions for lines 45 t Lebbying (b)	hrough 50 on page Expenditures Duri (c)	13 of the		g Period (d)		(e)
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liscal year beginning in)  15 Lobbying nontaxable	below See the	e instructions for lines 45 t Lebbying (b)	hrough 50 on page Expenditures Duri (c)	13 of the		g Period (d)		(e)
liscal year beginning (n)  15 Lobbying nontaxable amount  16 Lobbying calling amount	below See the	e instructions for lines 45 t Lebbying (b)	hrough 50 on page Expenditures Duri (c)	13 of the		g Period (d)		(e)
Ilscal year beginning in) 15 Lobbying nontaxable amount 16 Lobbying ceiling amount (150% of line 45(e))	below See the	e instructions for lines 45 t Lebbying (b)	hrough 50 on page Expenditures Duri (c)	13 of the		g Period (d)		(e)
	below See the	e instructions for lines 45 t Lebbying (b)	hrough 50 on page Expenditures Duri (c)	13 of the		g Period (d)		(e)
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chedule A (Form 990 or 990-EZ) 2007 SOCIETY		
Part VII Information Regarding Tran		d Relationships With Noncharitable
<ul> <li>Exempt Organizations (See p.</li> <li>Did the reporting organization directly or indirectly</li> </ul>		
501(c) of the Code (other than section 501(c)(3) of		
a Transfers from the reporting organization to a non		Yes No
(I) Cash	onantable onompt organization of	51a(i) X
(II) Other assets		a(li) X
b Other transactions		
(i) Sales or exchanges of assets with a nonchant	lable exempt organization	b(i) X
(II) Purchases of assets from a noncharitable exe	mpt organization .	b(II) X
(III) Rental of facilities, equipment, or other assets	ι	b(iii) X
(Iv) Reimbursement arrangements		b(iv) X
(v) Loans or loan guarantees		b(v) X
(vi) Performance of services or membership or fu	•	t X
<ul> <li>Sharing of facilities, equipment, mailing lists, other</li> <li>If the answer to any of the above is "Yes," complete</li> </ul>		Laure I to a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control
goods, other assets, or services given by the repo		
transaction or sharing arrangement, show in colur		
(a) (b)	(c)	(d)
line no. Amount involved Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharing arrangements
		<u></u>
2 a is the organization directly or indirectly affiliated w Code (other than section 501(c)(3)) or in section 5		ganizations described in section 501(c) of the
b if "Yes," complete the following schedule	N/A	
(a) Name of organization	(b) Type of organization	(c) Description of relationship
23152 2-27-07	16	Schedule A (Form 990 or 990-EZ) 200

SOCIETY	OF	HOSPITAL	MEDICINE

23-3057353

FORM 990 GA	(LOSS) F	ROM PUB	LICLY T	RADED SE	CURIT	IES	STATEMENT	1
DESCRIPTION			OSS PRICE	COST OTHER E		EXPENSE OF SALE	NET GAIL	
SALE OF PUBLICLY TE	RADED	24:	9,389.	305,	922.	0	. <56,5	33.>
TO FORM 990, PART 1	, LINE 8	24	9,389.	305,	922.	0	. <56,5	33.>
FORM 990 OTH	IER CHANGES	IN NET	ASSETS	OR FUNI	) BALAI	NCES	STATEMENT	2
DESCRIPTION							AMOUNT	
DECREASE IN MARKET	VALUE OF II	NVESTME	NTS			•	<637,9	13.>
TOTAL TO FORM 990,	PART I, LI	NE 20				:	<637,9	13.>
FORM 990		ОТН	ER EXPE	NSES			STATEMENT	3
DESCRIPTION	·	A) FAL	PRO	B) GRAM VICES	MANA	C) GEMENT GENERAL	(D) FUNDRAISI	NG
MISCELLANEOUS ROOM RENTAL PROFESSIONAL FEES 6	***************************************	1,303. 1,828.		1,828.	***************************************	1,303.	**************************************	
CONSULTING EDITORS/WRITERS EDUCATION EXPENSES	41	78,058. 02,303. 30,374.	1	65,597. 02,303. 80,374.	:	105,058.	7,4	03.
EMPLOYEE RELATIONS BANKING CREDIT CARE	:	20,523.		2,822.		17,701.		
AND INVESTMENT FEES PROMOTIONS SUBSCRIPTIONS PUBLICATION EXPENSE	36	03,332. 5,464. 07,075. 77,800.		5,464. 07,075. 77,800.		97,132.	6,20	00.
BOARD EXPENSE DUES TRAINING SALES PRODUCTS WEB SITE MAINTENANC	ţ	1,669. 17,321. 59,502. 1,249.				1,669. 17,321. 59,502. 1,249.		
& DEVELOPMENT INSURANCE LICENSE &		36,133. 7,000.			2	221,965. 6,580.	14,16	58. 20.
REGISTRATION FEES		9,038.				8,496.	54	12.

<sup>20</sup> STATEMENT(S) 1, 2, 3 09361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

MARKETING ·	30,645.		30,645.	
FEDERAL·STATE & LOCAL TAXES	250.		250.	
COMMITTEE EXPENSES	394,962.		394,862.	100
BAD DEBTS	12,926.		12,926.	
CONTINUING EDUCATION	44,980.	44,980.		
TOTAL TO FM 990, LN 43	1,993,735.	988,243.	976,659.	28,833

## EXPLANATION

TO EDUCATE PHYSICIANS, OTHER HEALTH CARE PROFESSIONALS AND THE PUBLIC ABOUT THE ROLE OF HOSPITALS AND PROMOTE HIGH QUALITY AND COST EFFECTIVE CARE.

FORM 990 NON-C	GOVERNMENT S	ECURITIES	-	STATEMENT	5
SECURITY DESCRIPTION COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV' SECURITIE	
TRUST INVESTMENTS FMV			4,650,854	4,650,85	4.
TO FORM 990, LINE 54A, COL B			4,650,854	4,650,85	4.

FORM 990 PART V-A - LIST OF CUI	RRENT O	OFFICERS, EMPLOYEES	STATEMENT 6			
NAME AND ADDRESS		LE AND HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
LARRY D. WELLIKSON, MD, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106		EXECUTIVE	OFFICER 297,876.	21,567.	2,971.	
RUSSELL L. HOLMAN, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106		MEMBER .00	16,500.	0.	7,040.	
LISA S. KETTERING, MD, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106		MEMBER .00	0.	0.	804.	
PATRICK J. CAWLEY, MD, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	PRESI	DENT .00	0.	0.	1,568.	
ALPESH AMIN, MD, MBA, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106		MEMBER .00	0.	0.	1,081.	
SCOTT FLANDERS, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106		DENT - ELEG	2,000.	0.	564.	
STACY GOLDSHOLL, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD 1	MEMBER .00	500.	0.	144.	
JACK PERCELAY, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	TREAS		0.	0.	0.	
LAKSHMI HALASYAMANI, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	SECRE?		1,500.	0.	415.	
JOSEPH M. LI, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106		MEMBER .00	0.	0.	3,056.	
JEFFREY WIESE, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106		MEMBER .00	0.	0.	0.	

<sup>22</sup> STATEMENT(S) 6 09361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

SOC	IETY OF HOSPITAL MEDICINE			23	3-3057353
190 N	A MCKEAN INDEPENDENCE MALL W. DELPHIA, PA 19106	BOARD MEMBER 1.00	500.	0.	757.
190 N	FROST INDEPENDENCE MALL W. DELPHIA, PA 19106	BOARD MEMBER 1.00	0.	0.	1,662.
TOTAL	S INCLUDED ON FORM 990, PA	318,876.	21,567.	20,062.	
FORM S		LATIONSHIP OF ACTIV MENT OF EXEMPT PURP		STATE	EMENT 7
LINE	EXPLANATION OF RELATIONS	SHIP OF ACTIVITIES			
93A- 93B- -94 93A- 93B- 94	THE REGISTRATION FEES, METHE EDUCATION OF PHYSIC PUBLIC ABOUT THE ROLE OF THE REGISTRATION FEES, METHE ALSO PROMOTE THE HEALTH CARE.	IANS, OTHER HEALTH F HOSPITALISTS. MEETINGS AND EXHIBI	CARE PROFESS TS; AND MEME	SIONALS AN	

SOCIETY OF HOSPITAL MEDICINE

23-3057353

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT SPART III, LINE 2D

SEE 990 PART V

SHM	}	)	]	J
		ļ	<del> </del>	
Fixed Assets and Depreciation Sun	mary	<b></b>	<del> </del>	
As of June 30, 2008				
				67/2000 Barrier later
	Date in Service	Useful Lives	Cost	FY2008 Depreciation
		ļ <u>_</u>	100 100	
IMAS Database	8/13/2004			5,533
MEB	4/30/2005			47,261
LAN	5/1/2004			8,738
LEASHOLD IMPROVEMENTS	Vanous	5	3,255	651
EQUIPMENT	Vanous		5,047	1,009
COMPUTER EQUIPMENT	Various	3	24,673	3,538
Subtotal FY05		<u> </u>	445,997	66,831
	<del> </del>			
ADDITIONS FY05	+		<del></del>	
IMIS Database Reorg	9/30/2006	5	10,800	2,160
IMIS Database eSeries	9/30/2006		22,783	4,55
	9/30/2000		33,583	
Subtotal FY06		<del></del>	33,383	6,717
		<u> </u>		
ADDITIONS FY07	<del></del>		1	
Software/Licenses	see equip	5	17,162	3,432
Computer Equipment	see equip	3	16,188	5,396
Server Equipment	see equip	5		7,643
Computer Equipment	see equip	3	3,000	1,000
Catalyst 2960 Lan-Base	see equip	5	3,185	637
Computer Equipment	See equip	3	4,426	1,475
Computer Equipment	see equip	3	3,130	1,043
Subtotal FY07			85,307	20,627
FY 07 Total Fixed Assets Per Above	-	<del> </del>	564,886	
ADDITIONS FY08	<del> </del>		204,000	
	0/5/5553	l	0.404	2.22
Chassis (Softmart)	9/5/2007	3	8,164	2,268
Dell LTO Tape Drive (Softmart)	10/24/2007		1,756	435
HP Notebook 2710P	12/24/2007	3	1,971	329
HP Notebook 2710P	12/24/2007	3	1,971	329
HP Notebook 8710W	12/24/2007	3	2,423	404
HP Desktop DC5700	12/24/2007	3	831	138
HP Desktop DC5700	12/24/2007	3	831	138
HP Desktop DC5700	12/24/2007	3	831	138
HP Monitor L1750	12/24/2007	3	221	37
HP Monitor L1750	12/24/2007	3	221	37
HP Monitor L1750	12/24/2007	3	221	37
HP Notebook 6710B	12/24/2007	3	1,269	212
HP Desktop DC7800	12/27/2007	3	1,827	304
HP Desktop DC7800	12/27/2007	3	1,827	304
HP Notebook 2510P	1/9/2008	3	1,573	262
HP DL140 Server				
	12/27/2008	5	2,188	219
HP DL380 Server	1/17/2008	5	4,234	423
Web Server (Softmart)	2/7/2008		4,234	353
GP Server (Softmart)	4/16/2008	5	2,386	115
GP Server Drives(Softmart)	4/16/2008	5	550	27
CS3 Design Sfwe	11/28/2007	5	4,051	473
Win XP & UIU sfwe	3/25/2008	5	1,762	88
2 laptops & assessories	6/19/2008	3	4,214	
LJ Mono & DC5800	6/20/2008	3	1,118	•
C Swipe license	10/29/2007	5	995	133
SSL Certificate	12/4/2007	3	1,790	348
Mis - Cust Serv & Xtender modules	7/19/2007	3	4,425	1,352
Mis - iFlow module	7/31/2007	3	5,175	1,581
Mis - add'l seat license	3/19/2008	3	7,383	615
Great Plains and telephone systems	6/30/2008	3	85,769	- 013
Subtotal FY08	3/30/2000	<b>-</b>	11 156,210	6,991
	<del> </del>		7507210	0,331
	Total C	lynd Aspat-	721 000	104 404
	IOTAL P	xed Assets	721,096	101,165
	1			
		A/D FY2008		494,689
	<del> </del>			
	<del></del>			
	+			
	+			

Form	990				f the Inter	mal Reveni	ue Code	ncome Ta (except black in		2008
Departm	nent of the Treasury Revenue Service	The organi	ration may have					eporting requirem	ents	Open to Publi
		lar year, or tax ye			2008		ting J		09	изресион
	sckif Please Cf	Name of organizati		0011 17		Unit City	ang U	D Employer ide		ion number
	address label or	CTEMU OF	#ACD TON	MEDICI						
	Vame Non	CIETY OF		L MEDICII	VE.			23	-305	37353
		Doing Business As Yumber and street		al ie not dolivorod	to etract ad	drann)   Bas	nen/custs	E Telephone nu		,,,,,,
		00 SPRING					princente			2-2600
		City or town, state						G Gross receipts \$		13,608,14
		ILADELPHI		19130				H(a) is this a gro	up retu	
•	F Name a	nd address of prin						for affiliates		Yes X
		SPRING GA				LPHIA,	PA	H(b) Are all affiliate		
	x-exempt status:		) (insert no		)(1) or L	527				. (see instructions)
	e of organization	HOSPITALM	Trust	Association	Other >		1. 1/	H(c) Group exen		umber > tate of legal domicile
	ti Summary		11431	ASSOCIACION L	- Cities -		L TEAL	or tournation 200	O M O	ate of legal conficie
1		e the organization	's mission or m	ost significant a	ctivities: S	зни на	SIM	PLEMENTED	KE	PROJECTS
Governance		OVE HEALT								
Ĕ	2 Check this bo	x 🕨 🔲 if the	organization dis	scontinued its or	erations o	r disposed	of more	than 25% of its a	ssets.	
Š		ting members of ti							3	
ed		dependent voting i		governing body	(Part VI, I	ne 1b)			4	
.2		of employees (Par							5	
3		Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, line 12, column (C)							8	
Ă									7a 7b	
-	a mor unicidade	Net unrelated business taxable income from Form 990-T, line 34						Prior Year	110	Current Year
	8 Contributions	Contributions and grants (Part VIII, line 1h)						1,929,54	0.	2,379,90
Revenue	9 Program serv	Program service revenue (Part VIII, line 2g)						3,611,95	3.	4,678,68
e 1		come (Part VIII, co					-	326,61		<1,211,40
		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					1,084,66		1,356,41	
-	13.140.14.14.14.1	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					0,932,11	4.	7,203,59	
- 1		nts and similar amounts paid (Part IX, column (A), lines 1-3)  efits paid to or for members (Part IX, column (A), line 4)					-			
g 1		r compensation, e			nn (A), line	s 5-10)		1,936,22	1.	2,624,36
Expenses	16 a Professional f	undraising fees (P	art iX, column (	A), line 11e)						
Š.		ing expenses (Par			20	09,258	·			
- 11		es (Part IX, column			1		-	4,371,02		5,866,83
- 1		expenses. Subtra		INE BOWN (A)	(Ine 25)			6,307,24		8,491,20 <1,287,60
58	Herende (633	"	- Charles Les House	200	1			Beginning of Yea		End of Year
sa El	20 Total assets (	Part X, line 16)	FEB 0	4 2010	1			6,871,08	3.	7,775,35
289 2 289 2	21 Total liabilities	(Part X, line 26	i	# 1010 S	1			1,970,36	8.	3,898,59
		fund balances. Su		om line 201	1			4,900,71	5.	3,876,76
Par			UGUE	14, 01						
	and complete D	ociaration of preparer (or	iel glan office is a	return, including acco sed on all information	of which pre-	nedules and sta parer has any k	atements, a nowledge	and to the best of my kn	owledge a	nd belief, it is true, correct
Sign	1	ueee (	MULL					1 11/1	clo	29
Here	Signatur	a of officer			***********			Date	-1-	
	LAUR	ENCE WELL	IKSON, C	CHIEF EX	CUTIV	E OFF	ICER			
		onnt name applititle								
Paid	Preparer's	Jan 1	1 CAN			Date /13 (d	Che set	ck if	repair e	dentifying number (tions)
Prepar	rer's signature	7// tuk	V 77				7 em	ployed > [ ]		20,801000
Use Or	oly yours if	AMPER,	POLITZI	VER & MAT	TIA,	LLP		EIN ►	26 2	842766
	address, and	TENETAIT	T AVENUI	E, P.O. E	SUX 45	8 0				E. 001 00
	ZIP+4	s return with the p		19046-04				Phone no	<b>(2)</b>	5) 881-88 X Yes

7		
	PRACTICE OF HOSPITAL MEDICINE THROUGH EDUCATION, ADVOCACY AND	
Part # Statement of Program Service Accomplishments (see instructions)  1 Briefly describe the organization's mission: SHM IS DEDICATED TO PROMOTING THE HIGHEST QUALITY CARE FOR ALL HOSPITALIZED PATIENTS. SHM IS COMMITTED TO PROMOTING EXCELLENCE IN 9 PRACTICE OF HOSPITAL MEDICINE THROUGH EDUCATION, ADVOCACY AND RESEARCH.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?  10 Yes, describe these here services on Schedule O.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? 11 Yes, describe these changes on Schedule O.  4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  SEE SCHEDULE O FOR CONTINUATION(S)  44 (Code		
-		
3		
	If "Yes", describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
43		
-14	THE PRICATION ACUTEVISMENTS OF CUM ADE DESCRIPTION DESCRIPTOR MODERN AND PROPERTY.	
	TMDDOVE THE TRACTING AND LEADING CRITIC OF DIVISION AND TOURS	
	EFFECTIVELY IN THE HOSPITAL ENVIRONMENT.	
	DURING THE FISCAL YEAR, THERE WERE 458 HOURS OF EDUCATIONAL AND	
	LEARNING SESSIONS HELD AT VARIOUS SEMINARS, TRAINING SESSIONS AND TWO	
	NATIONAL CONFERENCES. THESE WERE ATTENDED BY 4.277 HOSPITALISTS WHO	
46	0.4.	
70		
	BY SHM. THESE RECEIVED OVER 160,000 PAGE VIEWS DURING THE FISCAL YEAR	
	WHICH IS AN AVERAGE OF OVER 400 PER DAY. THESE PRESENT THE INFORMATION	
	AND TOOLS NEEDED TO LEAD QUALITY IMPROVEMENT PROJECTS. THIS STEPWISE	
	GUIDE BEGINS WITH SETTING GOALS AND CONTINUES THROUGH	
	POST-IMPLEMENTATION TASKS INCLUDING ANALYZING OUTCOMES AND SUSTAINING	
	IMPROVEMENTS. CONTENT IS ARRANGED SO YOU CAN FREELY NAVIGATE TO AND	
4-		
4¢	(Code: )(Expenses \$ 945,310 mcluding grants of \$ )(Revenue \$ 1,380,69	
	MEMBER SERVICES - SHM IS DEDICATED TO PROMOTING THE HIGHEST CARE FOR	
	ALL HOSPITALIZED PATIENTS. THE ORGANIZATION ENHANCES THE PRACTICES OF	
	HOSPITALISTS AND THE PATIENTS THEY SERVE WITH OVER 10,000 MEMBERS. SI	
	PROVIDES ITS MEMBERS WITH A RANGE OF PRODUCTS, SERVICES, INFORMATION	
	AND PROGRAMS INCLUDING BUT NO LIMITED TO: THE HOSPITALIST (PUBLISHED	
	MONTHLY), THE JOURNAL OF HOSPITAL MEDICINE (9X PER ANNUM), VARIOUS	
	NEWLETTERS SUCH AS THE HOSPITALIST E-WIRE (WEEKLY), SHM'S E-WIRE	
	(BI-WEEKLY), INFOPOEMS (2X PER MONTH) AND E-TOCS (MONTHLY). ALL	
	REQUESTS FOR DISCOUNTED MEMBERSHIP FEES OR ATTENDANCE FEES AT MEETING	
	ON THE BASIS OF FINANCIAL NEED ARE CONSIDERED BY MANAGEMENT ON A CASI	
	BY CASE BASIS.	
	DI CADE DAGIO.	
4d	Other program services. (Describe in Schedule O.)	
_	(Expenses \$ Including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶\$ 5,382,650. (Must equal Part IX, Line 25, column (B))	
3200 2-18-	22 Form 990	
2-18-		
111	2 112 759040 1133980.A 2008.05000 SOCTETY OF HOSPITAL MEDICIN 113398	
	112 759040 1133980.A 2008.05000 SOCIETY OF HOSPITAL MEDICIN 113398	

23-3057353 Page 3 Form 990 (2008) SOCIETY OF HOSPITAL MEDICINE Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? if "Yes," complete Schedule A is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part ill Did the organization maintain any donor advised funds or any accounts where donors have the right to pr Х on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Х 12 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Sche 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entit Х located outside the United States? If "Yes," complete Schedule F. Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 22 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", ao ta auestion 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I X 25a Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a pnor year? If "Yes," complete Schedule L. Part I х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27

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2008.05000 SOCIETY OF HOSPITAL MEDICIN 11339801

m **990** (2008)

-	t IV Checklist of Required Schedules (continued)			
		Γ	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other		v	
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X	<u> </u>
þ	Have a family member who had a direct or indirect business relationship with the organization?			١
	If "Yes," complete Schedule L, Part IV	286		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,* complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entrty?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	х

12-18-08

1a Ester the number reported in Box 3 of Form 1096, Annual Summery and Transmittal of U.S. Information Returns. Enter of a not applicable D.S. Information Returns. Enter of a not applicable Enter the number of Forms W2G included in line 1a. Enter -0-d not applicable D.D. In the number of Forms W2G included in line 1a. Enter -0-d not applicable D.D. In the number of Forms W2G included in line 1a. Enter -0-d not applicable D.D. In the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.  2a 49  b If a least one is exported on Ine 2a. did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return (see instructions)  3a Dd the erganization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4b If Yes, - the stiff led Form 9907 for the year? If Yos, - provide an explanation in Schedulio O  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account;  5b Was the organization a party to a prohibited fax sheller transaction?  5c Was the erganization a party to a prohibited fax sheller transaction?  5c Was the erganization a party to a prohibited fax sheller transaction?  5c Was the organization shell and prohibited fax sheller transaction?  5c Was the organization shell and prohibited fax sheller transaction?  5c Was the organization shell and prohibited fax sheller transaction?  5c Was	Form	990 (2008) SOCIETY OF HOSPITAL MEDICINE		23-3057	353	P	age 5
ta Elster the number reported in Box 3 of Form 1098. Annual Summary and Transmittal of U.S. Information Returns. Enter 4- of not applicable Enter the number of Forms W2G included in line 1a. Enter 4- of not applicable 2. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners?  2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. filed for the calendary year ending with or within the year covered by this return. §  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If Yes- has filled a Form 990 For this year? If *No.* provide an explanation in Schedule 0  4b At any time during the calendary 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?  5b Was the organization is party to a prohibited tax shelter transaction?  5c Was the organization a party to a prohibited tax shelter transaction?  5c If Yes- to question 5a or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes- to question 5a or 5b, do the organization that were not tax deductible?  6c If Yes- to question 5a or 5b, do the organization had were not tax deductible?  6d If Yes- to question 5a or 5b, do the organization had were not tax deductible?  6d If Yes- to question of the value of the year party of a prohibited tax shelter transaction?  7c Organizations color any contributions that were not tax deductible?  8d If Yes- to question 5a organization in explanation of the value of the year party of the organization of the val	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
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b If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 If "Yes," to question 5 aor 5b, did the organization file Form 8886*7, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 B Did the organization solicit any contributions that were not tax deductible?  5 C Sa  5 Did the organization solicit amy contributions that were not tax deductible?  6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 D Organizations that may receive deductible contributions under section 170(c).  8 Did the organizations provide goods or services in exchange for any quid pro que contribution of more than \$757  7 D Id the organization provide goods or services in exchange for any quid pro que contribution of more than \$757  7 D Id the organization include with every solicitation and express attended to the organization provide goods or services provided?  7 D Id the organization provide goods or services in exchange for any quid pro que contribution of more than \$757  7 D Id the organization provide goods or services provided?  7 D Id the organization include the organization property for which it was required to file Form 8282?  7 D If Yes, indicate the number of Forms 8282 filed during the year  8 D If Yes, indicate the number of Forms 8282 filed during the year  9 D Id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 D If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 D If Yes, indicate the number of Forms 8282 filed during the organization file Form 8289	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorn	y over, a			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes." to question 5a or 5b, did the organization file Form 8886*T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5a Did the organization solicit any contributions that were not tax deductible?  5b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization provide goods or services in exchange for any quid prior quid contribution of more than \$757  7a		Financial Accounts.					
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Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a		12		
b	Enter the number of voting members that are independent	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			ľ
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	86	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
***************************************	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			,
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
ь	Other officers or key employees of the organization?	15b	х	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
Þ	if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	DO 111		***
17	List the states with which a copy of this Form 990 is required to be filed PAL, AK, AR, AZ, CA, CO, CT, DE,		, GA	, H 1
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available).	able for		
	public inspection. Indicate how you make these available. Check all that apply.  X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	u and fine	noin'	
1.0	statements available to the public.	,, anu nna	ncial	
20			_	
24	State the name, physical address, and telephone number of the person who possesses the books and records of the organ BOB_ZIPPERLEN 267-702-2605	n∠ation: ₽		
	1500 SPRING GARDEN STREET, SUITE 501, PHILADELPHIA, PA 19130			
83200 12-18-	SEE SCHEDULE O FOR FULL LIST OF STATES	Enr	990	20081
12-18	08 TES COMBEDED O FOR FORD DITOR OF BIRTED	rom	330	2006)

Form 990 (2008) SOCIETY OF HOSPITAL MEDICINE 23–3057353 Page 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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Employees, and Independent Contractors

Section.A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1e Complete this table for all persons required to be listed. Use Schedule J-2 fl additional space is needed.

- List all of the organization's current foliance, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- Ust all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)				<b>)</b>			(O)	(E)	(F)
Name and Title	Average hours	(6			tion that		k)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	director	Institutional flustice	Officer		Highest compensated employee	Ť	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RUSSELL L. HOLMAN, MD BOARD MEMBER	1.00	х						17,500.	0.	0
PATRICK J. CAWLEY, MD, F	1.00	1	-		-	-	H	11,300.	0.	
IMMEDIATE PAST PRESIDENT	2.00	х		х				0.	0.	0
SCOTT FLANDERS, MD	2.00	<u> </u>	$\vdash$	1	-	-	H	— ·		
PRESIDENT	3.00	x		x				2,000.	0.	0
STACY GOLDSHOLL, MD		-	Н	1			-			
BOARD MEMBER	1.00	х	1	1				0.	0.	0
JACK PERCELAY, MD					Г					
BOARD MEMBER	1.00	Х						0.	0.	. 0
MAHALALAKSHMI HALASYAMAN				Г						
SECRETARY	2.00	X		х				5,000.	0.	0
JOSEPH M. LI, MD			ĺ							
TREASURER	2.00	Х		Х	_	_	L.	0.	0.	0
JEFFREY WIESE, MD				١					_	_
PRESIDENT - ELECT	3.00	X	<u> </u>	X	ļ	_	_	0.	0.	0
SYLVIA MCKEAN	1 00							0.	_	_
BOARD MEMBER SHAUN FROST	1.00	Х	⊢	-	⊢	⊢	┝-	ļ <u>v</u> .	0.	0
BOARD MEMBER	1.00	х	l	1				0.	0.	0
DANIEL DRESSLER	1.00	1	-	┼	-	-	-	V .	V.	U
BOARD MEMBER	1.00	x	1		1			0.	0.	. 0
ERIC HOWELL		*	1	$\vdash$	1	1	-			
BOARD MEMBER	1.00	х						11,000.	0.	0
BURKE KEALY				1	1	Ι				
BOARD MEMBER	1.00	х		1		İ		1,700.	0.	0
LAURENCE D. WELLIKSON, M		_	T	Г		Ī	Γ			
CHIEF EXECUTIVE OFFICER	40.00	-	-	X	-	X	-	339,439.	0.	13,000
832007 12-18-08				L	L	L				Form <b>990</b> (200

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Name and title	Average hours per week	individual tristate or director	heci		that	app	lv)	Reportable	Reportable		stimate	
	per				I	app		compensation	compensation		mount	of
		in a			П			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	con	other opensation the	ation ie
		Indus	institutoral tuples	Office	Key employee	Highest compensated employee	Famer				d relat	
			_									
		+			-	_				+		
		F			-							
A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		1										
		+		-	_					-	····	
lb Total		L				<b>&gt;</b>		376,639.		). 1	3,0	00
? Total number of individuals (including the compensation from the organization	ose in 1a) who re	eceiv	ed r	nore	tha	n \$1	00,	,000 in reportable		<b>-</b>		
B Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo			, ke	y en	nplo	yee,	or	highest compensated e	mployee on	3	Yes	No
For any individual listed on line 1a, is the and related organizations greater than \$ 5 Did any person listed on line 1a receive	150,000? If "Yes	s,ª cc	mpl	ete	Sche	edute	e J	for such Individual	_	4	х	
the organization? If "Yes," complete Sch	-									5	<u> </u>	X
Complete this table for your five highest the organization.	compensated in	ndep	ende	ent o	conti	racto	ors	that received more than	\$100,000 of comp	ensation	from	-
(A) Name and busine	ess address							(B) Description of s MANAGEMENT	services	( Compr	C) ensatio	'n
30 MEADOWBROOK ROAD, N AURA ALLENDORF		CONSULTANT CONSULTING A	18	185,056								
009 AVIS COURT, VIENNA	, VA 221	82						ADVOCACY SER	VICES	10	00,2	35
Total number of independent contractor from the organization	rs (including thos	se in	1) w	ho r	ecei	ved	mo	l re than \$100,000 in con	pensation			

	(2008) SOC	IETY OF HO	JOI I IAU I.	LDICINL		23-3057	353 Pag
rt V	III Statement of Rev	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 51: 513, or 514
1	Federated campaigns     Membership dues     Fundraising events	ta 1b 1c					and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
	d Related organizations	1d		1			
	e Government grants (contri	butions) 1e					1
1	f All other contributions, grits, g			1			
	similar amounts not included	above 11	2379905.	1			
	g Noncash contributions included in	ines 1a-1f \$		272 225			1
	h Total. Add lines 1a-1f			2,379,905.			
			Business Code				l
	a REGISTRATION		541900	2,630,475.	2,630,475.		ļ
	ь MEMBERSHIP FE		541900	1,380,698.	1,380,698.		
	c JOB FAIRS & E	XHIBITS	541900	596,435.	596,435.		-
	d						
	e		<u></u>				ļ
	<ul> <li>All other program service in</li> </ul>	evenue	541900	71,072.	71,072.		ļ
	g Total. Add lines 2a-2f			4,678,680.			ļ
3	Investment income (înclud other similar amounts)	-	<b>▶</b>	155,888.			155,88
4	Income from investment of	f tax-exempt bond		1 356 416			135641
5	Royalties	,		1,356,416.			133041
		(i) Real	(ii) Personal	-	1		
6	a Gross Rents			4			1
	b Less: rental expenses			1			1
	<ul> <li>Rental income or (loss)</li> </ul>	L		_[	1		1
	d Net rental income or (loss)						ļ
7	a Gross amount from sales			1			1
	assets other than inventor	y <u>5037251</u>	•	1	1		1
	b Less: cost or other basis						
	and sales expenses	6404545		1			
	c Gain or (loss)	<136729		1			1
	d Net gain or (loss)			<1367294.	><1367294.	>	ļ
8	a Gross income from fundra including \$	of					
	contributions reported on	line 1c). See		1	1		
	Part IV, line 18		a	4			
	b Less: direct expenses		p	4	1		1
	c Net income or (loss) from			<del> </del>	<b> </b>		<del> </del>
9	a Gross income from gamin	g activities. See		ĺ			1
	Part IV, line 19		a	-			1
	b Less: direct expenses		p	4	1		
	c Net income or (loss) from			<del> </del>	<del> </del>		·
10	<ul> <li>Gross sales of inventory,</li> </ul>	ess retums					1
	and allowances		a	-			
	b Less; cost of goods sold		ь <u>Г</u>	-			
<u> </u>	<ul> <li>Net income or (loss) from</li> </ul>			<u> </u>	-		+
	Miscellaneous Rev	enue	Business Code	1			
11	a			<u> </u>			<b></b>
	b						<b></b>
1	c						
	d All other revenue						1
	e Total. Add lines 11a-11d		<b>&gt;</b>				1
	Total Revenue. And times 1h, 2				3,311,386.	0	. 151230

Form 990 (2008) SOCIETY OF HOSPITAL MEDICINE

[Part IX | Statement of Functional Expenses

23-3057353 Page 10

	All other organizations must comp	olete column (A) but are		ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	415,325.	293,960.	84,685.	36,68
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,804,511.	1,028,273.	695,392.	80,846
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	229,801.	127,430.	87,216.	15,15
10	Payroll taxes	174,725.	103,520.	61,861.	9,34
11	Fees for services (non-employees):				
а	Management	190,000.	114,000.	66,500.	9,50
b	Legal	31,602.		29,753.	1,84
c	Accounting	61,592.		57,989.	3,60
đ	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	894,385.	320,817.	566,349.	7,219
12	Advertising and promotion	293,408.	240,201.	53,207.	
13	Office expenses	195,827.		188,193.	7,63
14	Information technology	183,867.	22,200.	157,088.	4,57
15	Royalties	481.	481.		
16	Occupancy	181,272.		176,708.	4,564
17	Travel	221,287.	80,056.	135,056.	6,175
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,899,005.	2,794,493.	104,194.	318
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	203,384.		191,486.	11,898
23	Insurance	6,137.		5,778.	359
24	Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUBSCRIPTIONS	250,507.	250,507.		
b	MERCHANT CREDIT CARD FE	137,302.	230,307.	129,270.	8,032
c	STAFF TRAINING	48,186.		48,186.	0,03.
ď	INVESTMENT FEES	22,547.		22,547.	
e	MISCELLANEOUS	12,658.		12,212.	440
-	All other expenses	33,391.	6,712.	25,622.	1,05
25	Total functional expenses. Add lines 1 through 24f	8,491,200.	5,382,650.	2,899,292.	209,258
26	Joint Costs. Check here if following	0,431,200.	2,302,030.	4,033,434.	209,258
.0	SOP 98-2 Complete this line only if the organization		1	Í	
	reported in column (B) joint costs from a combined				
	rehavior in commit (b) love casts nour a coulouse	i	1	1	

educational campaign and fundraising solicitation 832010 12-16-08 16241112 759040 1133980.A

10 Form **990** (2008 2008 05000 SOCIETY OF HOSPITAL MEDICIN 11339801

	X	Balance Sheet	<del></del>								
			(A) Beginning of year		(B) End of year						
T	1	Cash · non-interest-bearing	207,213.	1	268,419						
	2	Savings and temporary cash investments	1,380,844.	2	1,598,648						
	3	Pledges and grants receivable, net		3							
-	4	Accounts receivable, net	310,214.	4	313,660						
	5	Receivables from current and former officers, directors, trustees, key	1 1 1 1 1 1 1								
- 1	-	employees, or other related parties. Complete Part II of Schedule L.		5							
-	6	Receivables from other disqualified persons (as defined under section									
- (	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete									
- 1		Part II of Schedule L		6							
	7	Notes and loans receivable, net		7							
	8	Inventories for sale or use		8							
	9		95,551.	9	93,25						
- [	-	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost basis   10a   2,530,898			73,23.						
		- ' ' '		- [							
		Less: accumulated depreciation. Complete Part VI of Schedule D 10b 698,073	226,407.		1 022 021						
-		······································	4,650,854.		1,832,825						
- 1	11	Investments · publicly traded securities	4,000,004.	11	3,000,330						
	12	Investments - other securities. See Part IV, line 11		12							
- 1	13	investments - program-related. See Part IV, line 11		13							
- 1	14	Intangible assets		14							
)	15	Other assets. See Part IV, line 11	6 001 000	15							
-	18	Total assets. Add lines 1 through 15 (must equal line 34)	6,871,083. 542,312.	16	7,775,35						
- 1	17	Accounts payable and accrued expenses	542,312.	17	1,5/0,320						
- 1	18	Grants payable		18							
	19	Deferred revenue	896,950.	19	953,93						
- 1	20	Tax-exempt bond liabilities		20							
1	21	Escrow account liability. Complete Part IV of Schedule D		21	****						
1	22	Payables to current and former officers, directors, trustees, key employees,									
-		highest compensated employees, and disqualified persons. Complete Part II		- 1							
		of Schedule L		22							
	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable		24							
- 1	25	Other liabilities. Complete Part X of Schedule D	531,106.	25	1,374,338						
1	26	Total liabilities. Add lines 17 through 25	1,970,368.	26	3,898,595						
		Organizations that follow SFAS 117, check here 🕨 🗓 and complete		- "							
		tines 27 through 29, and lines 33 and 34.									
	27	Unrestricted net assets	4,900,715.	27	3,876,762						
	28	Temporarily restricted net assets		28							
-	29	Permanently restricted net assets		29							
- [		Organizations that do not follow SFAS 117, check here  and									
-		complete lines 30 through 34.		1							
- 1:	30	Capital stock or trust principal, or current funds		30							
- 1:	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
	32	Retained earnings, endowment, accumulated income, or other funds		32							
-1:	33	Total net assets or fund balances	4,900,715.	33	3,876,762 7,775,357						
	34	Total liabilities and net assets/fund balances	6,871,083.	34	7,775,357						
art	XI	Financial Statements and Reporting									
		unting method used to prepare the Form 990. Cash X Accrual	٦٠٠٠		Yes N						
		the organization's financial statements compiled or reviewed by an independent	accountant?		2a Y						
		the organization's financial statements audited by an independent accountant?			2b X						
Ь١	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
b \			review, or compilation of its financial statements and selection of an independent accountant?								
b \	eviev	w, or compilation of its financial statements and selection of an independent acc			2c X						
b \	eviev As a d	v, or compilation of its financial statements and selection of an independent acc result of a federal award, was the organization required to undergo an audit or ac		e Audi	.						
b \ c i a i	eviev As a d Act a	w, or compilation of its financial statements and selection of an independent acc		e Audi							

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

2002

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mpt chari	-	te				20		
Department of the Tr	reasury	<b>▶</b> ∆t	tach to Form 990 or Fo				instructio	nns.	1	Open to	o Publ ection	
Name of the or									<u> </u>	dentificati		
Name of the of	ryanızatı		OF HOCDIEST	MEDT	CTNE			- 1		3-3057		
Part I R	ageon '		OF HOSPITAI ity Status (All organia			la thia may	• \ /nnn 1mn	4m iotion o		-3037	333	
							(.) (500 815	roctons	·			
		•	because it is: (Please ch s, or association of chur	-	-		Date Mark					
-			O(b)(1)(A)(ii). (Attach So			iction 170	HOM HAND	,				
			tal service organization			170/6/41	(A)(III) (A)	tach Sch	edido H \			
,			operated in conjunction							he hosoital	's nam	16.
	, and state		Speritted in conjunction	milit a tios	spital Godo	11000 111 30		10)(1)(1)	my. Cinci	no mospital	0 11011	,
			benefit of a college or u	niversity of	wned or or	perated by	a govern	mental ur	nt describe	ed in		
		(b)(1)(A)(iv). (Comple			,	•	-					
			ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
			erves a substantial part					or from th	e general p	oublic desc	ribed i	n
sect	tion 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8 A cc	ommunity	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 And	organizati	on that normally rec	erves: (1) more than 33	1/3% of its	s support f	rom contr	butions, n	nembersh	nip fees, an	d gross red	ceipts	from
actr	vities rela	ted to its exempt fur	octions - subject to certa	ain excepti	ions, and (	2) no more	than 33	1/3% of f	ts support	from gross	invest	ment
			axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the org	janization a	ifter June 3	0, 197	5.
		509(a)(2). (Complete										
			perated exclusively to te									
			perated exclusively for the									or
			itions described in secti				2). See se	ction 509	(a)(3). Che	ck the box	that	
			organization and compl	c Typ					d $\square$	Type !!! - 0	·	
	Type I		」 type it It the organization is not					r mara du				
			han one or more publicl									
			ten determination from						Ja(a)(1) Ut s	0000011 000	(a)(c).	
		ganization, check th		DIO ILIO LIII		po 1, 1, pc	in, or 19p	D 111				
		-	rganization accepted a	nv gift or c	ontribution	from any	of the foll	owing pe	rsons?			
(i)			rectly controls, either a								Yes	No
	the gove	eming body of the su	apported organization?	-						11g(i)		
(ii)	A family	member of a persor	described in (i) above?	?						11g(ii)		
(iii)	A 35% c	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)		
h Prov	vide the fo	ollowing information	about the organizations	the organ	ization su	oports.						
						,		,				
(i) Name of su		(li) EIN	(III) Type of organization		organization			(vi)	is the	(vii) Arr	o Inuor	1
organizati	ion		(described on lines 1-9		sted in your document?		r support?	(ii) organ	ized in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(and managed)						+			
							1					
					<del> </del>	<b></b>	<b></b>	<del>                                     </del>	+-+			
				1			1					
					T							
				<u> </u>								
									1			
				ļ				ļ	4	****************		
							1					
Total				L	L	L	L	1				
LHA For Privac	cy Act an	d Paperwork Redu	ction Act Notice, see t	he instruc	tions for f	orm 990.		Schedu	ile A (Form	1 990 or 99	0-EZ)	2008

	edule A (Form 990 or 990-EZ) 2008 S	OCIETY OF	HOSPITAL	MEDICINE		23-305	7353 Page 2
Pa	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) and	170(b)(1)(A)(	VI)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						11540050
	include any "unusual grants.")	1649308.	2218549.	2302361.	2992240.	2379905.	11542363.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge						41510000
4	Total. Add lines 1 · 3	1649308.	2218549.	2302361.	2992240.	2379905.	11542363.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4580136.
	Public Support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>	L		6962227.
Sec	ction B. Total Support			·			
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1649308.	2218549.	2302361.	2992240.	2379905.	11542363.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.50		1000001		100 460	2456620
	and income from similar sources	55,960.	517,696.	1292701.	146/812.	122,463.	3456632.
9	Net income from unrelated business						
	activities, whether or not the	55 143	70 271				122 414
	business is regularly carried on	55,143.	78,271.				133,414.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						15132409.
	Total support. Add lines 7 through 10	L	L	L	l		
	Gross receipts from related activities						,326,937.
13	First five years. If the Form 990 is fo	-	s first, second, thii	rd, tourth, or titth ta	ax year as a sectio	n 501(c)(3)	
Se	organization, check this box and ster ction C. Computation of Publ		rcentage				<u> </u>
14	Public support percentage for 2008 (	line 6, column (f) d	rvided by line 11.	column (f))		14	46.01 %
	Public support percentage from 2007		-			15	55.27 %
16a	33 1/3% support test - 2008. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	ore, check this b	ox and
	stop here. The organization qualifies						<b>▶</b> [X]
ŧ	33 1/3% support test - 2007, if the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2008, if the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop t	ere. Explain in Pa	rt IV how the orga	nization
	meets the 'facts-and-circumstances'	test. The organiza	ition qualifies as a	publicly supported	dorganization		<b>►</b> □
b	10% -facts-and-circumstances tes	t - 2007. If the org	anization did not	check a box on line	13, 16a, 16b, or	7a, and line 15 is	10% or
	more, and if the organization meets to						
	organization meets the 'facts-and-cir-						▶□
18	Private foundation. If the organization						ns 🕨 🗔
					Sche	dule A (Form 99	0 or 990-EZ) 2008

12-17-08

Part III Support Schedule for C	rganizations	Described in	Section 509(a)	(Complete on	y if you checked the bo	ox on line 9 of Pa
ection A. Public Support		T	r		T	40.7
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any *unusual grants.*)						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that			İ	İ		
are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities			-			
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 · 5						
a Amounts included on lines 1, 2, and			-			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of times 9, 10c, 11, and 12 for the year or \$5,000			Anna Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	A SAMANA PARAMETERS		
c Add lines 7a and 7b				İ		
Public support (Subtract line 7c from line 6)						
ection B. Total Support			4			
iendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 6						
)a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)		1		1	1	
First five years. If the Form 990 is for	the organization	's first, second. thi	rd, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	ation.
check this box and stop here	<b>.</b>			,		<b>▶</b> [
ection C. Computation of Publ	c Support Pe	ercentage				
Public support percentage for 2008 (I			column (fi)		15	
Public support percentage from 2007					16	
ction D. Computation of Inves					-1-T-1	
Investment income percentage for 20					17	
Investment income percentage from					18	
a 33 1/3% support tests - 2008. If the				a 15 is more than	to the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the	7 is not
more than 33 1/3%, check this box as						<b>→</b> [
b 33 1/3% support tests - 2007. If the						- 1
• • • • • • • • • • • • • • • • • • • •	-					<b>▶</b> [
line 18 is not more than 33 174% cha						
line 18 is not more than 33 1/3%, che Private foundation, if the organization						, i⊸

Schedule D

## Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12 Name of the organizati Employer ide SOCIETY OF HOSPITAL MEDICINE 23-305735

Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 23-3057353 organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only Yes for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part It | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure)
Protection of natural habitat Preservation of an historically important land area
Preservation of certified historic structure Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day Held at the End of the Year 2a a Total number of conservation easements Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included in (a) 2b Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguis ed, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and Yes No enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i Yes No and section 170(h)(4)(B)(ii)? in Part XIV, describe how the organization reports conservation easements in its revenue and expense state include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b if the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures. or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

2008.05000 SOCIETY OF HOSPITAL MEDICIN 11339801

Sche	dule D (Form 990) 2008 SOCIETY	OF HOSPIT	'AL N	EDICIN	E			23-30	5735	Page 2
Pa	t III Organizations Maintaining (	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simila	er Asse	ts (conti	nued)
3	Using the organization's accession and other	er records, check an	y of the	following tha	it are a signif	licant use	of its col	ection ite	ms (chec	k all
	that apply):									
а	Public exhibition		<b>;</b> 🗀	Loan or exc	hange progr	ams				
ь	Scholarty research		. 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's of	offections and expla	in how t	hey further t	he organizat	on's exe	mpt purpo	se in Pai	t XIV	
5	During the year, did the organization solicit	or receive donations	of art, h	istorical trea	sures, or oth	er sımıla	rassets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	effection?				Yes	☐ No
Par	Trust, Escrow and Custodia reported an amount on Form 990, Pa		. Comp	elete if organ	zation answ	ered 'Ye	s" to Form	990, Pa	t IV, line 9	, or
1a	is the organization an agent, trustee, custoo	ian or other interme	diary for	contribution	s or other as	sets not	included			
	on Form 990, Part X7								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowina	table.						
	•	,	-						Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year	•					1e			
	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	217						Yes	No
	If "Yes," explain the arrangement in Part XIV							_		
	t V Endowment Funds. Complete		ered 'Y	es' to Form S	90. Part IV.	line 10.				
		(a) Current year		Prior year	(c) Two yea		(cf) Three v	ears hack	In Four	years back
1a	Beginning of year balance	And wondered to the	1	700	102 : 700	1	107	2000	707.00.	10010 DEOK
ъ	Contributions									***************************************
	Investment earnings or losses			,			************			
	Grants or scholarships		-					***************************************	<del> </del>	
	Other expenditures for facilities									
٠	and programs		į							
	Administrative expenses		<del> </del>				***************************************			
g	End of year balance						·····		<del> </del>	
2	Provide the estimated percentage of the year	r ond balance bald.			L	1			1	
	Board designated or quasi-endowment	end balance neld a	#S. %							
	Permanent endowment	%	— <sup>76</sup>							
	Are there endowment funds not in the posse		otion th	-4 bald a			<b>.</b>			
96	by:	resion of the organiz	auon ui	at are nero a	nu aummiste	area for t	ne organiz	ation	T.	Yes No
	unrelated organizations								Lanna de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la co	Yes No
	(ii) related organizations								3a(i)	_
									3a(ii)	
۰,	If "Yes" to 3a(ii), are the related organization.  Describe in Part XIV the intended uses of the								3b	
Par	t VI Investments - Land, Building				Dort V. inn	10				
	Description of investment								4:0 David	
	Description of investment	(a) Cost or o			or other (other)	(c) U	epreciatio	1	(d) Book	value
10	Land	Odda (iii Vesti		Du313	(5.161)			-+		
	Buildings							-+		
	Leasehold improvements			1 27	7,169.		84,06	: <del>-</del> +	1 103	,107.
	Equipment	<u> </u>			3,921.		156,72	5	1,173	,196.
	Other				9,808.		157,28			
	Add lines 1a-1e. (Column (d) should equal Fo		100		2,000.		131,20			,522.
rotal	Audities 18-16, (Column (a) should equal Fi	лиі э90, Рал X, colt	ımn (B),	iine (U(C))						,825.
							٤	chedule	D (Form	990) 2008

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Part VII Investments - Other Securities. S	ee Form 990, Part X, line		-th-defusivation
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
nancial derivatives and other financial products			
osely-held equity interests			
her			
ilei			
tal. (Col (b) should equal Form 990, Part X, col (B) line 12 )	-		
art VIII Investments - Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) M	ethod of valuation:
lat bescription of investment type	(D) DOOK TOBO	Cost or e	nd-of-year market value
tal. (Col (b) should equal Form 990, Part X, col (8) line 13 ) >			
Part IX Other Assets, See Form 990, Part X, In			VI.
(a	) Description		(b) Book value
***************************************			
tal. (Column (b) should equal Form 990, Part X, col (8)			<u> </u>
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	, line 25.	(b) Amount	
		IDI AMOUNT	
deral income taxes EFERRED MEMBERSHIP DUES		868,719.	
EFERRED MEMBERSHIP DUES		505,619.	
EFERRED RENI		303,619.	
**************************************			
		1 274 329	
ntal. (Column (b) should equal Form 990, Part X, col (B) Part XIV, provide the text of the footnote to the organiz		1,374,338.	

Sche	dule D (Form 990) 2008 SOCIETY OF HOSPITAL MEDICI	NE		23-	3057353	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial Sta	tements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		7,203	<u>,595.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		8,491	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<1,287	
4	Net unrealized gains (losses) on investments		4		263	,652.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments .		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9			,652.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		<1,023	,953.
	t XII   Reconciliation of Revenue per Audited Financial Stateme	ints With Reve	enue per P	leturr		
1	Total revenue, gains, and other support per audited financial statements			1	8,415	,991.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a				
þ	Donated services and use of facilities	2b	990.			
	Recoveries of prior year grants .	2c				
d	Other (Describe in Part XIV)	2d 1,3	67,294.			
e	Add lines 2a through 2d			2e	1,368	
3	Subtract line 2e from line 1			3	7,047	,707.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	46 1	55,888.			
¢	Add lines 4a and 4b			4c		,888.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			_5	7,203	<u>,595.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per	Retu		
1	Total expenses and losses per audited financial statements			1	8,469	,643.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
	Donated services and use of facilities	2a	990.			
b	Pnor year adjustments	2b				
	Losses reported on Form 990, Part IX, line 25	2c				
	Other (Describe in Part XIV)	2d		1 1		
8	Add lines 2a through 2d .			2e		990.
3	Subtract line 2e from line 1			3	8,468	,653.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b	22,547.			
C	Add lines 4a and 4b			4c		,547.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part i, line 18.)			5	8,491	,200.
	t XIV Supplemental Information			~=		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	li, lines 1a and 4, F	art IV, lines 1	b and	2b; Part V, line	4; Part
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
REA	ALIZED LOSS	·····			·	
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
INT	TEREST INCOME					
DIV	VIDEND INCOME					
83205- 12-23-				Sched	lule D (Form 1	990) 2008
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Schedule D (Form 990) 2008 SOCIETY OF HOSPITAL MEDICINE	23-3057353 Page 5
Schedule D (Form 990) 2008 SOCIETY OF HOSPITAL MEDICINE Part XIV Supplemental Information (continued)	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES	
INVESTMENT PERS	
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SCHEDULE J. (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008 Open to Public Inspection

	SOCIETY OF HOSPITAL MEDICINE	23-30573	53	
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9	90,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	al use		
	Travel for companions Payments for business use of personal res	idence		
	Tax Indemnification and gross-up payments Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	ief)		
ь	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provisio	n		
	of all of the expenses described above? If "No," complete Part III to explain	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire	ctors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract	į.		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation or	mmittee		
	Case ( pprovide y the seal of our personnel			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
٠,	Receive a severance payment or change of control payment?	4a	1	х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	40	-	X
٠	If 'Yes' to any of lines 4arc, list the persons and provide the applicable amounts for each item in Part III.		_	1
	11 165 to any or miles very, ast the persons and provide the applicable amounts for each term in Fall mil			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	alasta		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		1
	contingent on the revenues of:			
а	The organization?	_5a		X
ь	Any related organization?	5b	<del></del>	Х
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of:	1		١
	The organization?			X
þ	Any related organization?	6b	4	Х
	if "Yes" to line 6a or 6b, describe in Part III.		1	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			١.,
	not described in lines 5 and 6? If "Yes," describe in Part III	7	-	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	2008

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Schedule J (Form 990) 2008 SOCIETY OF HOSPITAL MEDICINE 23–3057353 Page 2

[Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions; on row (9). The sum of columns (Bi(h-liw) must equal the applicable column (D) or column (E) amounts on Form 990. Part VIII. line 1a Schedule J (Form 990) 2008 (F) Compensation reported in prior Form 990 or Form 990-EZ 352,439. (E)
Total of columns
(B)(I)-(D) 13,000. (D) Nontaxable benefits (C) Deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other compensation 59,000. (ii) Bonus & incentive compensation 280,439. (i) Base compensation (A) Name

24

832112 12-23-08

SCHEDULE L

# **Transactions with Interested Persons**

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organizati		"Yes"	► To be on Form	e complete 990, Part I	o Form 990 o ed by organiz IV, lines 25a, -EZ, Part V, i	ations tha 25b, 26, 2	it answered 7, 28a, 28b				Ope Inst	OO n Yo Pr	B abdic
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	pleted by	organization	s that ans	wered "Yes	on Form 99	O, Part IV.	line 25a or	25b, or F	orm 99	D-EZ, Pa	rt V, line		
1 (a) Na	rne of disc	qualified pen	son	,,,,		(b)	Description	of transa	ction			(c) Cor Yes	No.
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2 Enter the amount of section 4958 3 Enter the amount of							s during the	year un	der	<b>▶</b> \$			
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(a) Name of intere person and purp			to or from nization?		ınal principal mount	(d) Bala	ance due	(e) defa		by bo	oroved ard or attee?		mtten ment?
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Part III Grants of					ed Person								
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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SCHEDULE O

## Supplemental Information to Form 990

(Form 990) Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasu Internal Revenue Service Name of the organization SOCIETY OF HOSPITAL MEDICINE 23-3057353 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROMBOEMBOLISMS, IMPROVING THE HOSPITAL DISCHARGE PROCESS , AND IMPROVING THE MANAGEMENT OF DIABETES FOR HOSPITALIZED PATIENTS. SHM HAS ALSO EDUCATED HEALTH PROFESSIONALS ABOUT MANY OF THE NEW UPDATES FOR CARING FOR THE HOSPITALIZED PATIENT THROUGH FACE TO FACE MEETINGS AND WEBINARS AND OTHER MEDIA. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS TEAMS DOING SIMILAR QI WORK, AND POSE QUESTIONS TO SUBJECT MATTER EXPERTS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS SHM PROVIDES ITS MEMBERS WITH A VARIETY OF TOOLS AND SERVICES THAT FACILITATE COMMUNICATION AND NETWORKING. THROUGH ITS WEBSITE, MEMBERS CAN PARTICIPATE IN SEVERAL DISCUSSION FORUMS ON TOPICS OF INTEREST TO HOSPITALISTS. THROUGH LOCAL OUTREACH, MEMBERS CAN MEET THEIR PEERS AND HEAR PRESENTATIONS FROM EXPERTS IN THE FIELD. MEMBERS HAVE ACCESS TO SHM'S LEGISLATIVE ACTION CENTER, ON-LINE EDUCATIONAL RESOURCE ROOMS, CORE COMPETENCIES, DISCOUNTED REFERENCE MATERIALS AND EDUCATIONAL SEMINARS. FORM 990, PART VI, SECTION A, LINE 10: ONCE THE 990 IS COMPLETED BY THE TAX PREPARERS, IT IS SHARED REVIEWED AND DISCUSSED BY THE CONTROLLER AND THE CEO. ONCE THE VERSION TO BE FILED IS FINALIZED, THE 990 IS SENT TO EACH OF THE 12 BOARD MEMBERS FOR REVIEW. THE BOARD IS THEN SOLICITED FOR INPUT AND QUESTIONS PRIOR TO FILING OF FORM 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

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SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Department of the Treasur Internal Revenue Service Name of the organization

Employer ic tification number

SOCIETY OF HOSPITAL MEDICINE 23-3057353 FORM 990, PART VI, SECTION B, LINE 12C: SHM HAS A YEARLY POLICY REVIEW AT THE TIME OF THE ANNUAL AUDIT. THE BOARD RECEIVES A REPORT FROM ITS OUTSIDE AUDITORS IN WRITING AND ORALLY AS TO SHM'S CONTINUED COMPLIANCE WITH ALL POLICIES. FORM 990, PART VI, SECTION B, LINE 15: THE CEO COMPENSATION WAS DETERMINED FIRST BY THE EXECUTIVE COMMITTEE OF THE BOARD, INCLUDING REVIEW OF THE CEO COMPENSATION ARRANGMENTS OF SEVERAL OTHER SIMILAR PROFESSIONAL MEDICAL ORGANIZATIONS. THIS INFORMATION IS THEN EXAMINED BY SHM'S LEGAL COUNSEL AND OUR OUTSIDE AUDIT FIRM. FINALLY, THE COMPENSATION ARRANGEMENT IS APPROVED BY THE BOARD AND DOCUMENTED IN A WRITTEN CONTRACT. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: SHM DIRECTS ANY REQUESTS FROM SHM MEMBERS OR OUTSIDE PARTIES TO GUIDESTAR.COM WHICH POSTS SHM'S 990 AFTER FILING. SHM'S CONFLICT OF INTEREST POLICY IS POSTED ON SHM'S WEBSITE IN THE SECTION AVAILABLE TO THE PUBLIC. THE BYLAWS AND OTHER POLICY DOCUMENTS CAN ALSO BE FOUND IN THIS SECTION. FORM 1023 IS AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 2C THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE MONITORING OF THE FINANCIAL STATUS OF THE ORGANIZATION AND THE REPORTING OF ALL FINANCE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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SCHEDULE O (Form 990)

# Supplemental Information to Form 990 Attach to Form 990. To be completed by organizations to provide

2008 2008

SOCIETY OF HOSPITAL MEDICINE HE BOARD OF DIRECTORS.	Employer identification num 23-3057353
IV, BUSINESS TRANSACTIONS INVOLVING INTERESTE	D PERSONS:
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# Form 8868 . Application for Extension of Time To File an

Prise a separate application for each return.  If you are filing for an Automatic 3-Month Extension, complete only Part II and check this box  If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 2 of this form).  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A copporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Electronic Filing 6-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file income tax returns.  Electronic Filing 6-file). Generally, you can electronically file Form 8968 if you want a 3-month automatic extension of time to file income tax returns.  Electronic Filing 6-file). Generally, you can electronically file Form 8968 if you want a 3-month automatic extension of time to file income tax returns.  Including a complete form 800 file form 890-file form 890-file form 890-file form 890-file form 890-file form 890-file form 890-file form 890-file form 890-file form 890-file form 890-file form 890-file form 990-file 45-1709	OMB No. 15	- 1			pt Organization Return		rorm <b>oo</b> (Rev. April 2	
Elif you are filting for an Automatic 3-Month Extension, complete only Part II and check this box  If you are filting for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  Jo 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 Tirne. Only submit organal (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  II will other corporations (including 1120-C filers), partnerships. REMICs, and trusts must use Form 7004 to request an extension of time of the income tax returns.  If will other corporations (including 1120-C filers), partnerships. REMICs, and trusts must use Form 7004 to request an extension of time of the income tax returns.  Include below (6 months for a corporation required to file Form 990-T), However, you cannot file Form 8868 electronically if (1) you want to a file extension file (1) file form 8868. For more details on the electronic filing of this form, your must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, your wars goverfiled for Charities & Nonprofits.  Name of Exempt Organization  SCCIETY OF HOSPITAL MEDICINE  SCCIETY OF HOSPITAL MEDICINE  SCCIETY OF HOSPITAL MEDICINE  SCCIETY OF HOSPITAL MEDICINE  SCCIETY OF HOSPITAL MEDICINE  SCCIETY OF HOSPITAL MEDICINE  City, year and year of Exempt Organization.  City, year and year of Exempt Organization.  City (1) year of year and year of year a foreign address, see instructions.  DOS SPRING GARDEN STREET, SUITE 500  City, town or post office, state, and ZIP code, For a foreign address, see instructions.  PHILADELPHIA, PA 19130  Check type of return to be filed(file a separate application for each return):  Form 990-E  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F						•	the Treasury	Department of
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# FOOTNOTE 5

# U.S. Communications & Public Affairs Major Activities Update for August, 2008

### **External Communications**

- Continued media outreach for "Sleeping Smart" program in partnership with the National Sleep Foundation (NSF). To date, more than 62 million people have been reached with this effort.
- Finalized statement to respond to media inquiries related to the Citizen Petition filed by sanofiaventis on generic formulations of Ambien CR. Supplement to the petition also filed, in addition to comments posted by another company, no media coverage observed and no media inquiries.
- · Coordinated 25 media interviews in connection with Team Type 1 activities
- Secured approval of diabetes fact sheet, based on new statistics released by the Centers for Disease Control (CDC), for use in U.S. Internet Media Relations press room, as well as for media pitching/background information.
- The Coalition to Prevent DVT and patient spokesperson Melanie Bloom participated in a
  presentation to the Florida Healthcare Coalition where Melanie served as the keynote speaker to
  a crowd of nearly 250 attendees.
- Distributed press release announcing FDA priority review for Multaq; contacted top media outlets.
- Developed communications strategy for upcoming ESC meeting in Munich in collaboration with Paris colleagues.
- Conducted media training session with U.S. internal medical spokespeople in preparation for media deskside briefings and media outreach for Multaq.
- Secured Scholastic partnership for the Clearly Spirited campaign, and an interview with Cody Lindley, BenzaClin spokesperson, on BetterTV (aired in nine markets and totaled 117,207 impressions)
- Developed contingency plan for the upcoming FDA action date for Sculptra cosmetic.
- Conducted local market event in Pawtucket/Boston for the BPH Game Plan Starts with U: Catch
  the Whole Game campaign; resulted in 18 media interviews for spokesperson Mike Schmidt
  (4 print, 3 television, 9 radio and 2 online).
- Drafted company response for a study published in the European Heart Journal on a subanalysis for TRITON sub-study.
- Coordinated company response to a research report that was issued in Cancer Research on the beneficial role of CB1 receptors in suppressing colorectal tumors.

# Internal Communications

- Continued event registration for Sept. 9 Oncology Day at 55 Corporate site; worked with Oncology to execute communications to employees about the event.
- Finalized event registration/logistics for "Take the Plunge," an annual employee family event at the Dorney Park amusement park, to be held Sept. 13.
- Published 21 Company News and Local News articles.

## IMPACT U.S.

- Published three IMPACT U.S. Newsbriefs and six IMPACT U.S. Views.
- Updated IMPACT U.S. internal communications plan for remainder of 2008 and presented for approval.

## Page 2

### U.S. Public Policy

- Arranged meeting between sanofi-aventis and the U.S. Agency for Healthcare Research & Quality (AHRQ) to discuss counterfeit prevention activities.
- Worked with the eplivanserin team on its USP submission provided input, assisted with the
  procedure and checked on possible changes to the 2009 submission form.
- Organized and led appropriations process and preliminary 2009 strategic planning meeting with U.S. Public Policy and New Products teams.
- Analyzed most-recent information on Medicare Part D donut hole and communicated to various internal stakeholders.
- Initiated cross-functional team to draft sanofi-aventis policy position on U.S. health reform in preparation for public debate on the issue.

### Legislative Affairs

• Hosted, helped staff and support the Frosted Pink with a Twist reception at the Democratic National Convention in Denver. Event was designed to raise awareness about the significant efforts and contributions of sanofi-aventis and patient and physician groups to educate politicians and the public about the increasing numbers of diagnosed and treated cases of breast cancer throughout the U.S. This was the best non-sanctioned event activity at the Convention. A number of PhRMA companies contributed millions of dollars to host other events that were sanctioned because of their contributions to the Democrats. Representatives from U.S. Philanthropy, Community Affairs and External Relations & Strategic Advocacy also helped staff the reception.

# External Relations & Strategic Advocacy

- Partnered with the National Business Coalition on Health (NBCH), a national coalition representing 10,000 U.S. employers, 34 million employees and their dependents, to kick off the Hospital Acquired Conditions (HAC) Initiative that will align hospital payment with better DVT/PE prophylaxis and glycemic control. Sanofi-aventis is a key stakeholder.
- Educated the Society of Hospital Medicine (SHM), a national association representing 20,000
  physician hospitalists, on the potential patient safety issues with follow-on biosimilars. SHM
  sent an official letter to the FDA requesting that any generic Low-Molecular Weight Heparins
  (LMWHs) be required to demonstrate clinical efficacy and safety before gaining approval.
- Managed grassroots meetings in three large U.S. cities to discuss the importance of improving
  patient outcomes through better patient transitions, in partnership with the National Transitions
  of Care Coalition (NTOCC). NTOCC is a sanofi-aventis U.S.-led coalition of 29 associations
  representing key stakeholders in the U.S. healthcare system.

## U.S. Philanthropy

 Scheduled senior executives and began coordination with Internal Communications on remarks needed for Grand Opening activities for the sanofi-aventis Wellness Boutique located at the Somerset Medical Center. These activities will occur in September and include a special "donor" reception that will be attended by approximately 250 sanofi-aventis employees and external guests. From: Couchenour, Rachel PH/US

Thursday, August 21, 2008 6:29 PM Sent:

Yannotta, Terri PH/US To:

Racine, Eric PH/US; Schmidt, Annette PH/US

Subject: RE: Monthly Report- Action Item

# Key accomplishments from Rachel & Annette: 1. SHM LMWH Safety letter sent to FDA

- AMDA TOC Clinical Practice Guidelines (CPG) task force convened to develop LTC TOC
- guidelines.

  3. HSAG presentation at ACHE meeting on engaging C-Suite.

  4. NTOCC Local meetings held in Atlanta, Charlotte, Chapel Hill with press release picked up by several wire services including YAHOO! Finance.
  5. The Lovenox business case for the C-Suite multi-disciplinary working group consisting of HSAG,
- ASHP, SHM convened in DC to launch project.

RLC

Rachel Couchenour, PharmD, CDE sanofi-aventis U.S. Sr. Manager

USMM, Employer & Quality Association Accounts

Washington, DC 20004 Phone: Fax:

From: Racine, Eric PH/US

Sent: Monday, August 11, 2008 11:42 AM

To: Couchenour, Rachel PH/US; Agos, John PH/US; Caro, James PH/US; Schmidt, Annette PH/US; Fanuka, Franz PH/US; Hare, Leslie PH/US; Tilahun, Fikir PH/US

Cc: Yannotta, Terri PH/US Subject: Monthly Report- Action Item

Team.

The Communications & Public Affairs (COMPA) group publishes a monthly report detailing key accomplishments. This report is sent to Paris. Our new group will be providing our accomplishments to be included in the report.

# Here are the guidelines:

- Only include major activities that occurred during the month;
- . Don't include "planning" activities, but completed activities, per Ed. If there is a long-lead project and what occurred was "continued planning and preparation for event in October," for example, it wouldn't be included in the August report. It might be that the project wouldn't be reported on until October, depending

on when reportable activity actually takes place.

The number of bullets for each group in the report varies widely based on activities each month. Some
months a group might have 4 bullets and the next month, that same group might have 9 bullets. That
reflects the varying levels of activity, due to some projects not having completed activities in every month.
It's normal for that to be the case.

# Action:

First report is due by August 25<sup>th</sup>. Each of you to forward 1 to 2 executive-style bullet points to Terri and I by Friday August 22. I will then select 4-9 bullet points to send up to Sheila and Ed.

Thanks

Eric

# FOOTNOTE 6

From: Sent: To: Subject: Couchenour, Rachel PH/US Thursday, May 29, 2008 9:09 PM Racine, Eric PH/US RE: Timeline

EricI don't have an exact timeline. I know that Larry has been doing his "due diligence" and has reached out to ACCP and Vic Tapson. I understand Vic was going to share his letter with Larry. Next steps will be his discussion with the board. I'll follow-up with him. ThanksRachel

----Original Message----From: Racine, Eric PH/US Sent: Thursday, May 29, 2008 4:49 PM To: Couchenour, Rachel PH/US Subject: Timeline

Any expected/proposed timeline for SHM FDA? Regards,  $\ensuremath{\mathsf{Eric}}$ 

Sent from my BlackBerry Wireless Handheld

1

Couchenour, Rachel PH/IUS Friday, May 16, 2008 2:49 AM Easterday, Mary PH/IUS; Charles Carter Racine, Eric PH/IUS; Schmidt, Annette PH/IUS; Agos, John PH/IUS SHM Meeting Follow-up From: Sent: To: Cc: Subject:

# Chuck -

CHUCK As you are aware we had a very positive meeting with SHM on Tuesday of this week. Larry verbally agreed to the next step of composing a letter to the FDA. He asked for several follow-up things from me that we discussed on Wednesday, including a contact at ACCP. As I recall from our conversation, you wanted to discuss with John Agos and would get back to me. Have you had the opportunity and what are your thoughts @ this point?

Honestly, I think Jerry wants to each out to get the several substantial and what are your thoughts.

Honestly, I think Larry wants to reach out to someone who will share their letter. Thanks for your assistance.

Mary-Larry also requested the name & address of who he should send the letter to. Can you advise or should I just reach out directly to Brian Harvey? Should he include the document number in his letter? Thanks.

Regards-Rachel

Rachel Couchenour, PharmD, CDE sanofi-aventis Sr. Manager USMM, Employer & Quality Association Accounts

Washington, DC 20004 Phone:

# FOOTNOTE 7

From: Couchenour, Rachel PH/US Thursday, March 12, 2009 2:52 PM Sent: Caro, James PH/US To: Subject: FW: LMWH Safety Letter Attachments: FDA letter August 2008.doc Jim-Here is the draft letter. I'm fairly certain this is what was sent. The letter is also posted as I recall on the FDA docket. RLC Rachel Couchenour, PharmD, BCPS sanofi-aventis, US LLC Director, External Affairs Washington, DC 20004 Phone: Fax: From: Larry Wellikson
Sent: Friday, August 08, 2008 10:31 AM
To: Couchenour, Rachel PH/US
Subject: RE: LMWH Safety Letter Rachel here is the current draft of a letter we are considering sending to the FDA. Don't share beyond the two of us for now
Talk to you at 1pm EDT today. Call me at Larry Wellikson, MD CEO Society of Hospital Medicine "Only those who risk going too far can possibly find out how far they can go"- T.S. Eliot [mailto Sent: Tuesday, July 01, 2008 1:06 PM Subject: RE: LMWH Safety Letter

Larry-

Thanks for the update and really glad to hear that you are presenting this to your EC. I certainly appreciate that SHM needs to scrutinize all requests and hopefully the perspective and background that Dr. Pollack provided to you regarding this patient safety issue will be useful in your discussion.

It's always good to hear that SHM values our partnership but I want to reiterate that the importance of this patient safety issue transcends that. I've heard many times from you, and your membership, that hospitalists "own" DVT and also that they like to be proactive on issues affecting patient safety and quality. If your EC feels they need more information, I'm happy to work with SHM to support a similar meeting as the one ACCP convened or to bring in someone like Dr. Paulson to present the data to the board. Please let me know if either of those options would be helpful.

I look forward to hearing from you following your EC discussion.

Regards, Rachel

From: Larry Wellikson [mailto: Sent: Saturday, June 28, 2008 12:41 PM To: Couchenour, Rachel PH/US Subject: RE: LMWH Safety Letter

A short while ago I received the attached draft of the letter Vic Tapson wrote for ACCP. I have this on our Exec Comm agenda to discuss if SHM wants to support this letter, write our own letter, or not comment. One distinction is that this letter was the product of a meeting on the subject, which obviously the SHM EC and Board would not have detailed knowledge about. The second issue is that SHM has no history of making similar comments to the FDA or any government agency of this kind. While the Ec might be supportive they may feel this is not something that SHM has the expertise or knowledge to say much about. As you might imagine since we touch so many different disease states SHM gets asked to evaluate guidelines, comment on regulations, et and we probably take action on 5-10% of these requests. That being said when something is important to any of our partners (like Sanofi) that we have a long term relationship with we want to give any issue that is important to our partner careful consideration.

Let me see what they say and get back to you either way

Larry Wellikson, MD CEO Society of Hospital Medicine

"Wisdom is the quality that helps keep you out of situations where you would need it"

From: [mailto

Sent: Friday, June 27, 2008 8:54 AM

Subject: LMWH Safety Letter

Larry-

Hope all is well. I haven't followed-up recently from our meeting to discuss the issues surrounding

LMWH safety as it relates to follow-on biologics with Dr. Charlie Pollack. Did you get the information you needed from ACCP & Dr. Tapson? Are you still working on a letter to be submitted to the FDA? I would like to chat at your convenience to see where SHM is in the process. Let me know when might be a good time.

Thanks-Rachel

Rachel Couchenour, PharmD, CDE sanofi-aventis Sr. Manager USMM, Employer & Quality Association Accounts

Washington, DC 20004

Phone: Fax:

# FOOTNOTE 8

	Form <b>990</b>	Return of Ore	anization Exempt Fro	m Income Ta	ay.	OMB No 1545-0047
		Under section 50	11(c), 527, or 4947(a)(1) of the inter	nal Revenue Code	•^	2007
Depa	rtment of the Treasury	(except b	lack lung benefit trust or private f	oundation)		Open to Public Inspection
	rtment of the Treasury nal Pevenue Service(II)	· · · · · · · · · · · · · · · · · · ·	to use a copy of this return to satis		equirements.	първсион
	For the 2007 calen Check if applicable	ndar year, or tax year beginning	, 2007, ar	d ending	D Employer idea	tification Number
	Address change	Please use North American	Thrombosis Forum, In	ıc	20-481	
	Name change	orprint 1620 Tremont :	Street #3022		E Telephone nu	mber
	Inital return	see Roxbury Cross:	ing, ma uzizu		617-52	
	Termination	tions.			F Accounting	X Cash Access
	Amended return Application pending	L Continue FOX/AVED		H and I are not apple	Other (sp	
,		charitable trusts must attack	a completed Schedule A	H (a) is this a grou		
٠.	M-L -M 10	(Form 990 or 990-EZ). NATFonline.org		H (b) If Yes, enter		•
				H (c) Are all affilia	ites included? this list. See instruc	Yes No
J (	Organization type (check only one)	► X 501(c) 3 -	(insert no.) 4947(a)(1) or 52			
K	Check here - If	f the organization is not a 509(a)(	3) supporting organization and its		covered by a group	
	gross receipts are	e normally <b>not</b> more than \$25,000, ses to file a return, be sure to file	A return is not required, but if the		emption Numbe	
_		dd lines 6b, 8b, 9b, and 10b to line				ation is <b>not</b> required 3, 990-EZ, or 990-PF).
Pa			s in Net Assets or Fund Ba			
Ī		s, gifts, grants, and similar amoun			1 1	.5.7
- 1	a Contributions	is to donor advised funds	<u></u>	1a		
		support (not included on line 1a)	· <u>L</u>		019.	
		lic support (not included on line 1		1c		
	e Total (add lines is brough la) (	t contributions (grants) (not includ- cash \$ 322,019.		1d	16	322,019.
			nt fees and contracts (from Part V	l. line 93)	2	322,013.
		dues and assessments	,	,	3	
ı		savings and temporary cash inves	tments		4	21,537.
		nd interest from securities		. 1	5	
- 1	6a Gross rents b Less: rental		ļ	6a		
- 1		expenses scome or (loss). Subtract line 6b fr	om kna 6a	6ъ	60	*
.		ment income (describe			) 7	17
REVEN	8a Gross amour	int from sales of assets other	(A) Securities	(B) Othe		
N	than inventor	ory		8a		
Ĕ		r other basis and sales expenses		86		
- 1	c Gain or (loss) (a	attach schedule) (loss). Combine line 8c, columns (	(A) and (B)	8c		
- 1			). If any amount is from gaming, d	neck here	7 <b></b>	
	a Gross revenu	iue (not including \$	of contributions		-	
- 1	reported on I			9a 9b	—— I	
- 1		expenses other than fundraising e or (loss) from special events. Sub		201	<sub>9c</sub>	
		of inventory, less returns and allo		Oal	<del>       </del>	
	b Less' cost of	f goods sold	, []	0 Б		
	c Gross profit or (	(iss) from PECENVEDch sched	ule) Subtract line 10b from line 10a		10 c	
- 1	<ol> <li>Other revenu</li> <li>Total revenu</li> </ol>	us Add lines 1e, 2, 3, 4, 5, 6c, 2	4 0 10 411		17	242 556
-+		(frott) Ne247 02008 (B)	ld, 9c, 10c, and 11		12	343,556. 114,499.
ξ [		it and general (from line 44,cd	h (C))		14	90,245.
81		TWO, WEDEROW TOO	l		15	
PEN	16 Payments to	affiliates (attach schedule)			16	
E N SE					17	204,744.
E SE S		ses. Add lines 16 and 44, column				
ENSES	18 Excess or (d	teficit) for the year. Subtract line 1			18	138,812.
ENGES ASS	18 Excess or (d 19 Net assets or	deficit) for the year. Subtract line 1 or fund balances at beginning of ye	ear (from line 73, column (A)).		19	287,508.
ENSES ASSET	18 Excess or (d 19 Net assets or 20 Other change	teficit) for the year. Subtract line 1 or fund balances at beginning of years ies in net assets or fund balances	ear (from line 73, column (A)) . (attach explanation)			287,508.
ENSES ASSETS	18 Excess or (d 19 Net assets or 20 Other change 21 Net assets or	teficit) for the year. Subtract line 1 or fund balances at beginning of ye les in net assets or fund balances or fund balances at end of year. Co	ear (from line 73, column (A)) . (attach explanation)	ī	19 20	287,508. 426,320.

	990 (2007) North American T	hron	bosis Forum, In		20-481	
Par	for section 501(c)(3) and (4) organ	pens	ses All organizations m s and section 4947(a)(1)	ust complete column (A) nonexempt charitable tr	i. Columns (B), (C), and usts but optional for oth	(D) are required ers. (See instruct.)
	Do not include amounts reported on line 65, 85, 95, 105, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 2	Grants paid from donor advised					
	funds (attach sch) (cash \$					
	non-cash \$					
	If this amount includes					
	foreign grants, check here	22a				
221	Other grants and allocations (att sch) (cash \$					
	non-cash \$				-	
	If this amount includes					
	foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25 a	30,115.	0.	30,115.	0.
ŧ	Compensation of former officers,					
	directors, key employees, etc. listed in Part V-B	25 ь	0.	0.	0.	0.
•	Compensation and other distributions, not					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	1				
	described in section 4958(c)(3)(8)	25 c	0.	0.	0.	0.
26		-	¥.			
20	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on					.,,,,,
	lines 25a - 27	28				
29	Payroll taxes	29	2,723.		2,723.	
30 31	Professional fundraising fees Accounting fees	30	3,650.		3,650.	
32	Legal fees	32	13,975.		13,975.	
33	Supplies	33	3,645.	1,885.	1,760.	
34	Telephone	34				
35	Postage and shipping	35	1,603.	1,284.	319.	
36	Occupancy	36	525.	525.		
37	Equipment rental and maintenance	37				
38	Printing and publications	38	14,610.	13,226.	1,384.	
39	Travel	39	31,284.	30,754.	530.	
40	Conferences, conventions, and meetings	40	40,663.	39,803.	860.	
41	Interest Depreciation, depletion, etc (attach schedule)	41	277.		277.	
43	Other expenses not covered above (itemize)	1			411.	
ž	See Statement 1	43a	61,674.	27,022.	34,652.	
ŧ		43b				
•		43c				
		43d				
		43e				
ſ		431				<u> </u>
ç		439			·····	
44	Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	204,744.	114,499.	90,245.	0.
Join	t Costs. Check 🔭 If you are following	SOP 9			<del></del>	
	any joint costs from a combined educational					► Yes X No
If Y∈	es,' enter (i) the aggregate amount of these		costs \$		mount allocated to Progr	ram services e amount allocated
	indraising \$	العادون	i to management and ger	10101 4	; and (IV) th	e emontry successor
BAA			TEEA0102L 0	8/02/07		Form 990 (2007)

Form 990 (2007) North	American Thrombosis F	orum,	Inc	20-48	18196	Page 3
Part III   Statement of I	Program Service Accompli	ishment	s (See the instructions	)		
Form 990 is available for public organization. How the public p please make sure the return is	ic inspection and, for some people perceives an organization in such ( s complete and accurate and fully	e, serves a cases may describes	as the primary or sole source by be determined by the information, in Part III, the organization	of information abo nation presented or s programs and ac	ut a particu n its return. complishme	lar Therefore, ents.
What is the organization's print All organizations must describ clients served, publications issizations and 4947(a)(1) nonexit	e their exempt purpose achievem sued, etc. Discuss achievements t empt charitable trusts must also e	States ents in a c hat are no enter the a	nent 2 clear and concise manner. St it measurable. (Section 501(c mount of grants and allocatio	ate the number of )(3) and (4) organ- ns to others.)		orvice Expenses or 501(c)(3) and exabons and 1) trusts, but I for others)
• See Statement 3						
(Grants and allocations	· s · · · · · · · · · · · · · · · · · ·	If this am	ount includes foreign grants,	check here		114,499.
b						
(Grants and allocations	\$ )	If this am	ount includes foreign grants,	check here		
(Grants and allocations	\$ )	If this am	ount includes foreign grants,	check here		
(Grants and allocations		···	ount includes foreign grants,			
(Grants and allocations			ount includes foreign grants,	check here		114 400
	e Expenses (should equal line 44,	column (E	3), Program services)			114,499.
BAA					For	m <b>990</b> (2007)

te:	/   Balance Sheets (See the Instructions.)  Where required, attached schedules and amounts within	the description		(A)		(B)
	where required, attached schedules and amounts within column should be for end-of-year amounts only	n ne description		Beginning of year		End of year
45	Cash - non-interest-bearing .			35,140.	45	49,924.
46	Savings and temporary cash investments		1	252,388.	46	373,924.
A7.	Accounts receivable .	47a				
1	Less: allowance for doubtful accounts	47 b			47 c	
Ι'	Less, anowarde for doubtidi accounts	47.6			4,5	
48	Piedges receivable	48a	]		1	
	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable			· · · · · · · · · · · · · · · · · · ·	49	
50	<ul> <li>Receivables from current and former officers, director employees (attach schedule)</li> </ul>	s, trustees, and key	.		50 a	
1	Receivables from other disqualified persons (as definitionand persons described in section 4958(c)(3)(B) (attact	ed under section 4958i n schedule)	(O(1))		50 b	
51	Other notes and loans receivable (attach schedule)	51a				
	Less: allowance for doubtful accounts .	516	]		51 c	
52	Inventories for sale or use .		Į.		52	
	Prepaid expenses and deferred charges	<u>, , , , , , , , , , , , , , , , , , , </u>	, ·		53	
	Investments - publicly-traded securities	Cost	FMV		54a	
1	investments - other securities (attach sch)	Cost	FMV		54b	
1	a Investments - land, buildings, & equipment: basis.	55 a				
'	b Less; accumulated depreciation (attach schedule)	55 b			55 c	
56	Investments - other (attach schedule)				56	
57	Land, buildings, and equipment: basis	57a 2	769.			
	Less; accumulated depreciation (attach schedule) Statement 4	57 b	277.	·	57 c	2,492.
58	3, 3					
	(describe •		)	207 520	58	406 340
59 60	Total assets (must equal line 74). Add lines 45 through	n 58		287,528. 20.	59 60	426,340. 20.
61	Accounts payable and accrued expenses		ł	20,	61	20.
62	Grants payable Deferred revenue		}		62	
63	Loans from officers, directors, trustees, and key		I			
03	employees (attach schedule)				63	
64	Tax-exempt bond liabilities (attach schedule)		[		64a	
	Mortgages and other notes payable (attach schedule)				64Ь	
65	Other liabilities (describe >		ا د		65	
66	Total liabilities, Add lines 60 through 65			20.	66	20.
Org		ind complete lines 67				
1	through 69 and lines 73 and 74.		- 1			
67	Unrestricted		- 1		67	
68	Temporarily restricted		- 1		68	
69	Permanently restricted	(V)	- 1		69	
0,0	anizations that do not follow SFAS 117, check here > 70 through 74.	X and complete is	1162		1 1	
70	Capital stock, trust principal, or current funds .		- 1		70	
71	Paid-in or capital surplus, or land, building, and equip	ment fund	1		71	<del></del>
72	Retained earnings, endowment, accumulated income		ł	287,508.	72	426,320.
73	Total net assets or fund balances. Add lines 67 throu		I	20773001		320,320
1,	72. (Column (A) must equal line 19 and column (B) m	iust equal line 21)	911	287,508.	73	426,320.
74	Total liabilities and net assets/fund balances. Add line			287.528.	74	426,340.

Form 990 (2007) North American T	hrombosis forum, 1	nc		18196
Part IV-A Reconciliation of Reven	ue per Audited Financia	I Statements with	Revenue per Ret	urn (See ti
	······································			T
<ul> <li>Total revenue, gains, and other support</li> </ul>		nts.	يــا	3
<ul> <li>Amounts included on line a but not on F</li> </ul>	art I, line 12:			
1 Net unrealized gains on investments		<u> </u>		1
2Donated services and use of facilities		b2		]
3Recoveries of prior year grants		<u>b3</u>		1
4Other (specify):			ĺ	
Add lines b1 through b4		<u></u>		
c Subtract line b from line a			F-	34
d Amounts included on Part I, line 12, but	not on line a:		F	1
1 investment expenses not included on Pa		41		1
2Other (see et ):				1
		d2		1
Add lines d1 and d2				4
e Total revenue (Part I, line 12). Add lines			<u> </u>	3
Part IV-B   Reconciliation of Expen	ses per Audited Financi	ai Statements Wit	n Expenses per K	eturn
a Total expenses and losses per audited t	inancial statements			21
b Amounts included on line a but not on P			F	1
1 Donated services and use of facilities		ь1		]
2Prior year adjustments reported on Part	I, line 20.	b2		1
3Losses reported on Part I, line 20		ь3		
4Other (specify)				
		b4		-
Add lines b1 through b4				
c Subtract line b from line a			<u>  -</u>	20
d Amounts included on Part I, line 17, but		1 1		1
I Investment expenses not included on Pa		<u>d1</u>		1
2Other (specify):		d2	1	1
Add lines d1 and d2				
e Total expenses (Part I, line 17). Add line	es c and d		<u>}</u>	20
Part V-A   Current Officers, Directo	rs. Trustees, and Key E	mplovees (List eac	h nerson who was an o	officer directo
or key employee at any time du	ing one your orbit it aloy note	The compensation, (c	es the montetions )	
<b>(A)</b> No. 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and 10 and	(B) Title and average hours per week devoted	<ul><li>(C) Compensation (if not paid,</li></ul>	(D) Contributions to employee benefit	(E) Exp
(A) Name and address	to position	enter -0-)	plans and deferred	account a
Samuel Z Goldhaber, MD	D		compensation plans	<del> </del>
1620 Tremont Street	President	0.	0.	
Roxbury Crossing, MA 02120	1 "		1	1
Jawed Fareed, PhD	Director	0.	0.	+
1620 Tremont Street	pirector	u.	J 0.	1
Roxbury Crossing, MA 02120	1 "			
Arthur A Sasahara, MD	Director	0.	0.	<del> </del>
1620 Tremont Street	51130101	U.	١ .	
Roxbury Crossing, MA 02120	i "			
John Fanikos, RPh	Treasurer	0.	0.	<del>                                     </del>
1620 Tremont Street	o	٧.	j	
Roxbury Crossing, MA 02120				
Kimberly Mahoney	Exec Director	30,115.	0.	
1620 Tremont Street	] 0			
Roxbury Crossing, MA 02120				<u> </u>
				1
BAA	TEEA0105L 0		L	<u> </u>
				Form

Form 990 (2007) North American Thromb	osis Forum, Inc	:	20-4818	196	F	age 6
Part V-A Current Officers, Directors, Tru	istees, and Key Er	nployees (continue			Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizatio	in business at board meetings	<u> 4</u>			, T
b Are any officers, directors, trustees, or key emisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throudentifies the individuals and explains the relations.	isated professional and gh family or business re	990, Part V-A, or highes other independent contains all all the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series o	it compensated employer actors listed in Schedul tach a statement that	es e 751		х
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	nsated professional and an any other organization e definition of related o	other independent cont is, whether tax exempt or irganization	ractors listed in Schedul	le I		х
If 'Yes,' attach a statement that includes the in		the instructions.			١.,	,
d Does the organization have a written conflict o				750	***************************************	
Part V-8 1 Former Officers, Directors, Tru Benefits (if any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emple	ovee received compens	ation or other benefits (c	described I	below)	
(A) Name and address	( <b>B)</b> Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and of vances	her
None						
					***************************************	
Part VI Other Information (See the ins	tructions.)				Yes	No
76 Did the organization make a change in its activity 'Yes,' attach a detailed statement of each ch	vities or methods of con	ducting activities?		76		χl
77 Were any changes made in the organizing or o	-	it not reported to the IRS	\$?	77		X
If 'Yes,' attach a conformed copy of the chang	es.				1	Π.
78a Did the organization have unrelated business of		or more during the year	covered by this return?		_	X
b if 'Yes,' has it filed a tax return on Form 990-T	•		•	78t	N/	A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contrac	ction during the		79		х
80 a is the organization related (other than by asso-	ciation with a statewide	or nationwide organizat	ion) through common	Г		
memberšhip, governing bodies, trustees, office bilf 'Yes,' enter the name of the organization >	N/A	empt or nonexempt org	anization?	80 a		х
81 a Enter direct and indirect political expenditures.			cempt <b>or</b> ∐nonexen <b>81a</b> l	0.		
b Did the organization file Form 1120-POL for the			<del> </del>	81 6	,	х
BAA						

orm 990 (2007) North American Thrombosis Forum, Inc 20-4818	96	F	age 7
Part VI Other Information (continued)		Yes	No
2 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?	82 a		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).  3a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	X
4a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Α
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N.	A
5a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a		A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N,	<u>A</u>
If "Yes" was answered to either 85a or 85b, <b>do not</b> 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 No.			
d Section 162(e) lobbying and political expenditures 85d N.			
Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices     85e N			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/		.,	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N.	Α
h if section 6333(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?	85 h	N.	'A
6 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12 86a N.	/a		
b Gross receipts, included on line 12, for public use of club facilities 86b N,			
7 501(c)(12) organizations Enter; a Gross income from members or shareholders 87a N.			
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,	7		
8 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 IV.	88a		Х
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		х
9a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	).		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement	<u> </u>		
explaining each transaction	896		X
, , , , , , , , , , , , , , , , , , , ,	<u>).</u>		
, , , , , , , , , , , , , , , , , , , ,	ا <sub></sub> ا		v
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e		<u>X</u>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f		Α_
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 a		х
0a List the states with which a copy of this return is filed ► MA			
THE NAME AND AND AND AND AND AND AND AND AND AND			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	906		0
1.a The books are in care of ► John Fanikos, RPh Telephone number ► 617-525-8	326		
Located at - 1620 Tremont Street Roxbury Crossing MA ZIP+4 - 021	<u></u>	Yes	No
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)?	91 b	105	X
If 'Yes,' enter the name of the foreign country ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
IA	Forn	990	2007)

Form 990 (2007) North American Th		Forum, Inc		20-4818	196 Page 8
Part VI Other Information (contin					Yes No
c At any time during the calendar year, d	d the organizat	ion maintain an off	ice outside of the U	Inited States? .	91c X
If 'Yes,' enter the name of the foreign of					
92 Section 4947(a)(1) nonexempt charitable	e trusts filing F	orm 990 in lieu of I	Form 1041 - Check		N/A ►
and enter the amount of tax-exempt into				▶ 92	N/A
Part VII   Analysis of Income-Producir	g Activities (	See the instruct	ions )		
	Unrelated	business income	Excluded by s	ection 512, 513, or 514	<b>(E)</b>
Note: Enter gross amounts unless otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
h					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies				<del> </del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
94 Membership dues and assessments		***************************************		<del> </del>	
95 Interest on savings & temporary cash invents				<del> </del>	21,537.
96 Dividends & interest from securities					21,001.
97 Net rental income or (loss) from real estate:		***************************************		<u> </u>	
a debt-financed property		************		<del> </del>	
b not debt-financed property	1				
98 Net rental income or (loss) from pers prop				<del> </del>	
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	<u></u>				
C					
d					
е	ļ				
104 Subtotal (add columns (B), (D), and (E))				<u> </u>	21,537.
105 Total (add line 104, columns (B), (D),				<b>-</b>	21,537.
Note: Line 105 plus line 1e, Part I, should equ	ial the amount	on line 12, Part I			
Part VIII Relationship of Activities	to the Acco	mplishment of	Exempt Purpo	ses (See the instru	ctions.)
Line No. Explain how each activity for which of the organization's exempt purp	h income is rep	orted in column (E	e) of Part VII contrib	outed importantly to the	accomplishment
N/A	0305 (5315) 310	n by providing tark	as for such purpose	37.	
17/17					
	***************************************	***			
Part IX Information Regarding Ta	xable Subsi	diaries and Die	regarded Entit	ies (See the instru	rtions )
(A)	(B)	alanos ana pr	(C)	(0)	(E)
• • •				1	-
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership into	erest	of activities	Total income	End-of-year assets
N/A		8			
		8			
	+	- 8		ļ	
Deavillation of the Samuel		8		لــــــــــــــــــــــــــــــــــــــ	
Part X Information Regarding Tr					
<ul> <li>a Did the organization, during the year, receive any full bill the organization, during the year, pa</li> </ul>					Yes X No
Note: If 'Yes' to (b), file Form 8870 and Fo			un a personai beni	ant coutact.	Yes X No
ВАА				TEEA0108L 12/27/0	7 Form <b>990</b> (2007)

Form	990 (2007) North American Thrombosis Fo	orum, Inc	20-483	18196 Page 9
Par	Information Regarding Transfers To an organization is a controlling organization	nd From Controlled E	ntities. Complete only if	the
		nr as denned nr seene	,,, o.r.(0)(10)	Yes No
106	Did the reporting organization make any transfers to a "Yes," complete the schedule below for each controlled	controlled entity as defined entity	in section 512(b)(13) of the Co	ode? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
ь				
c				
	Totals			
107	Did the reporting organization receive any transfers fro "Yes," complete the schedule below for each controlled	om a controlled entity as de	fined in section 512(b)(13) of the	Yes No
	(A) Name, address, of each controlled entity	(B) Employer identification Number	(C) Description of transfer	(D) Amount of transfer
a				
ь				
с				
	Totals			
108	Did the organization have a binding written contract in annuities described in question 107 above?	effect on August 17, 2006,	covering the interest, rents, roy	yalties, and X
Plea Sigr Here	Under penalbes of penalty i despire that I have examined this return to complete the description of presaring space than of signature of officer	um, including accompanying schedu ficer) is based on all information of	eles and statements, and to the best of n which preparer has any knowledge	
Paid Pre-	r's Furn's name for Thomas W. Bates & Asso		/16/08 Check if self-employed ► X	Preparer's SSN or PTIN (See General Instruction X) N/A
Only	employed). > 80 Maple Street		EIN N/A	

SCHEDULE A (Form 990 or 990-EZ)

Total number of other contractors receiving over \$50,000 for other services

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

OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2007

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information — (See separate instructions.) 2007 MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. North American Thrombosis Forum, Inc | 20-4818196

Part I | Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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) Compensatio None \_\_\_\_\_ Total number of other employees paid over \$50,000 [Part II - A] Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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 (c) Compensation (b) Type of service None Total number of others receiving over \$50,000 for professional services | Part | B | Compensation of the Five Highest Paid Independent Contractors for Other Services
| Clist each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None 

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

Sched	ule A (Form 990 or 990 EZ) 2007 North American Thrombosis Forum, Inc. 20-481	8196	F	age 2
Part	III Statements About Activities (See instructions.)		Yes	No
	During the year, has the organization attempted to influence national, state, or local legislation, including any attemp of influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid	•		
	or incurred in connection with the lobbying activities . • \$ N/A			l
,	Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1.1.	<u> </u>	X
(	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the obbying activities.			
1	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 a excepte organization with which any such person is diffiliated as an officer, director, trustee, majority owner, or princip eneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	ny pal		
<b>a</b> 9	Sale, exchange, or leasing of property?	2a	_	х
b	ending of money or other extension of credit?	<u>2b</u>		Х
c i	Furnishing of goods, services, or facilities?	2c		X
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e ·	Fransfer of any part of its income or assets?	2e		х
3a (	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
<b>b</b> i	Old the organization have a section 403(b) annuity plan for its employees?	3b		X
t	Did the organization receive or hold an easement for conservation purposes, including easements o preserve open space, the environment, historic land areas or historic structures? If Yes, 'attach a detailed statement	3с		X
d i	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a [	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines If and 4g	4a		x
b (	Did the organization make any taxable distributions under section 4966?	4b	N,	'A
C	old the organization make a distribution to a donor, donor advisor, or related person?	4c	N.	'A_
d E	Enter the total number of donor advised funds owned at the end of the tax year			N/A
<b>e</b> 8	enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
ţ	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised unds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g 8	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

is not a private on of churches, 170(b)(1)(A)(ii). (perative hospital local government organization operated for the bis Support Schedulat normally received.	Foundation Status (3 foundation because it is: (F or association of churches. (Also complete Part V.) if service organization. Sect ant or governmental unit. Separated in conjunction with a service organization or governmental unit. Separated in conjunction with a service organization or governmental unit.	Please check only <b>ONE</b> appl Section 170(b)(1)(A)(i). tion 170(b)(1)(A)(ii). ection 170(b)(1)(A)(v). a hospital. Section 170(b)(1			
on of churches,  170(b)(1)(A)(ii). (  perative hospita  local governme in organization of  erated for the bi  Support Schedi  at normally recei	or association of churches. (Also complete Part V.) Il service organization. Sect int or governmental unit. Se perated in conjunction with a	Section 170(b)(1)(A)(i).  tion 170(b)(1)(A)(iii).  ection 170(b)(1)(A)(iv).  a hospital, Section 170(b)(1			
perative hospita local governme n organization or erated for the bi Support Schedu	(Also complete Part V.)  I service organization, Sect  Int or governmental unit. Se  perated in conjunction with a  enefit of a college or univer-	iion 170(b)(1)(A)(iii). iction 170(b)(1)(A)(v). a hospital. Section 170(b)(1	)(A)(III). <b>Ent</b>	er the hospital'	
perative hospital local government organization of the bis Support Schedular normally received.	Il service organization. Sect int or governmental unit. Se perated in conjunction with	action 170(b)(1)(A)(V). a hospital. Section 170(b)(1	)(A)(III). <b>Ent</b>	er the hospital'	
local government organization operated for the best of the support Schedular normally received.	nt or governmental unit. Se	action 170(b)(1)(A)(V). a hospital. Section 170(b)(1	)(A)(III). Ent	er the hospital'	
erated for the business Support Schedular tormally received	perated in conjunction with a	a hospital. Section 170(b)(1	)(A)(III). Ent	er the hospital'	
erated for the be Support Sched	enefit of a college or univer		)(A)(III). Ent	er the hospital	
Support Sched	enefit of a college or univer- ule in Part IV-A.)	sity owned or operated by a			s name, city,
at normally recei			governmer g	ntal unit, Sectio	n 170(b)(1)(A)(iv
()(vi) (Also com	eves a substantial part of its aplete the Support Schedule	support from a government in Part IV-A.)	ital unit or fr	om the general	public.
Section 170(b)(	(1)(A)(vi). (Also complete th	ne <b>Support Schedule</b> in Part	t IV-A.)		
ted to its charitat rent income and	eves: (1) more than 33-1/3% ble, etc, functions - subjection in the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of the subjection of th	t to certain exceptions, and income (less section 51) t	(2) no more ax) from bus	e than 33-1/3% sinesses acquir	nd gross receipt of its support ed by the
at is not controlle	ed by any disqualified perso Check the box that describe	ons (other than foundation r	nanagers) a	nd otherwise m	neets the
Type II	Type III-Functio		Type III		
	(b) Employer identification	(e)	(6	d)	(e) Amount of
oorted (s)	number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup	Is the supported organization listed in the supporting organization's governing documents?	
			Yes	No	
		4		-	
					-

Par	edule A (Form 990 or 990 EZ) 2007 t IV-A Support Schedule (	Complete only if you	checked a box on line	9 10, 11, or 12.) <i>U</i>	ise cash method o	f account	
Note	: You may use the worksheet in th	e instructions for con		ual to the cash me		9	
begi	ndar year (or fiscal year nning in)	( <b>a)</b> 2006	<b>(b)</b> 2005	(c) 2004	( <b>d</b> ) 2003		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	330,308.					330,308.
16	Membership fees received						0,
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						0.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 51/2a/5)), rents, royalties, income from similar sources, and unrelated business taxable income (sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	2,388.					2,388.
19	Net income from unrelated business activities not included in line 18						0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
22	Other income, Attach a schedule. Do not include gain or (loss) from sale of capital assets						0.
23	Total of lines 15 through 22	332,696.		L			332,696.
24	Line 23 minus line 17	332,696.					332,696.
25	Enter 1% of line 23	3,327.	L	Ļ		P 26 p	
	Organizations described on lines o Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess as total support for section 509(a)(1)	name of and amount contr or 2003 through 2006 excee amounts				26a 26b	
	Add: Amounts from column (e) fo			19			
		22		19 26b		26 d	
	Public support (line 26c minus lin					≻ 26 e	
27	Public support percentage (line 2		d by line 26c (denom	iinator))		261	<u></u>
	Organizations described on line i For amounts included in lines 15, name of, and total amounts recei such amounts for each year:	16, and 17 that were ved in each year from	received from a 'disc , each 'disqualified p	qualified person,' person.' <b>Do not file</b>	orepare a list for y this list with you	our recor r return. E	ds to show the Enter the sum of
	(2006)0.	(2005)	0. (2004)		0. (2003)		0.
	of or any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organic After computing the difference be differences (the excess amounts)	7 that was received fit received for each ye zations described in li- tween the amount re- for each year:	om each person (oth ar, that was more tha nes 5 through 11b, as served and the larger	er than 'disqualifie an the larger of (1) s well as individua amount described	ed persons'), prep ) the amount on li ils.) Do not file thi d in (1) or (2), ente	are a list ne 25 for s list with r the sum	for your records
	(2006)0.	(2005)	0_(2004)		_0. (2003)		0
•	(2006) 0. Add Amounts from column (e) fo	r lines: 15	330,308.	16		l.m.t	220 200
	Add: Line 27a total		nd line 27b total	۷۱	0.	27 c	330,308.
	Public support (line 27c total minu		A III IO E/ D (DIGI			27e	330,308.
	Total support for section 509(a)(2		rom line 23, column (	(e) > 271	332,696		
	Public support percentage (line 2				1	279	99.28 %
	investment income percentage (li					27h	0.72 %
28	Unusual Grants: For an organizar list for your records to show, for e nature of the grant. Do not file thi	tion described in line each year, the name of silist with your return	10, 11, or 12 that recipit the contributor, the L. Do not include thes	eived any unusual date and amount e grants in line 15	grants during 200 of the grant, and	3 through a brief de	2006, prepare a escription of the
BAA			TEEA0403L 12/27/07			A (Form 9	90 or 990-EZ) 2007

Sch	edule A (Form 990 or 990-EZ) 2007 North American Thrombosis Forum, In 20-481819	6	Р	age 5
Par	tV Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
_			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?	29		
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?	30		
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?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
		1 1		
32	Does the organization maintain the following:			
-	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		1 1		
		1 1		
33	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	33a		
,	Admissions policies?	33ь		
•	Employment of faculty or administrative staff?	33с		
•	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
1	Use of facilities?	331		
,	g Athletic programs?	33g		
1	1 Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
		]		
		1		
34 4	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
t	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If No.; attach an explanation.	35		
BAA	TEEA0404L 12/27/07 Schedule A (Form 99	0 or 99	O.EZ	2007

	edule <b>A</b> (Form 990 or 990		American Throm					20-481	8196	Page
Par	t VI-A Lobbying E (To be complet	xpenditures by Ele ed ONLY by an eligible	ecting Public Char organization that filed F	ities (See ins form 5768)	struc	ctions.	)		N/I	1
Che	ck ► a lifthe organi	zation belongs to an aff	iliated group. Check	r b lify	ou e	check			trol' pro	visions apply.
		imits on Lobbying	•				Affiliati to	(a) ed group itals	To	(b) be completed r all electing
	(The term	ı 'expenditures' means	amounts paid or incurre	∍d.)						rganizations
36	Total lobbying expendit	ures to influence public	opinion (grassroots lob	bying)	ı	36			<u> </u>	
37	Total lobbying expendit	ures to influence a legis	lative body (direct lobb)	ying)	- 1	37				
	Total lobbying expendit		37)		-	38				
	Other exempt purpose				ļ	39			<del> </del>	
40	Total exempt purpose e	expenditures (add lines	38 and 39)		Į	40				
41	Lobbying nontaxable an		_		ŀ					
	If the amount on line 40		lobbying nontexable a		١					
	Not over \$500,000		of the amount on line			1			1	
	Over \$500,000 but not over \$1		,000 plus 15% of the excess o		- 1	- 1			1	
	Over \$1,000,000 but not over \$		,000 plus 10% of the excess of		-	41		····		
	Over \$1,500,000 but not over \$		,000 plus 5% of the excess ov	er \$1,500,000						
	Over \$17,000,000		000,000							
	Grassroots nontaxable				ŀ	42				
	Subtract line 42 from lin				}	43				
44	Subtract line 41 from lin				}	44			<del> </del>	
	Caution: If there is an a					1			ــــــــــــــــــــــــــــــــــــــ	
	(Some orga	nizations that made a si	Averaging Period ection 501(h) election de se the instructions for h	o not have to	com	plete	(h) all of the f	ve columns	below.	
			Lobbying Expen	ditures During	4-	Year A	veraging i	Period		***************************************
	Calendar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2006	(c) 2005	5			<b>(d)</b> 004		<b>(e)</b> Total
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount								<u> </u>	***************************************
49	Grassroots ceiling amount (150% of line 48(e))									W
50	Grassroots lobbying					- 1				
Par	t VI-B Lobbying A (For reporting of	ctivity by Nonelect only by organizations that	ting Public Chariti at did not complete Part	es t VI-A) (See in	stru	ctions	.)	***************************************	N/A	
Durir atten	ng the year, did the organ npt to influence public op	nization attempt to influe inion on a legislative m	ence national, state or l atter or referendum, thr	ocal legislation ough the use	n, in of:	cludin	g any	Yes No	T	Amount
a	Volunteers									
b	Paid staff or manageme	nt (include compensation	on in expenses reported	d on lines <b>c</b> thr	roug	h h.)			]	
c	: Media advertisements								1	
d	Mailings to members, le	gislators, or the public								
	Publications, or published									
	Grants to other organiza									
	Direct contact with legis									
	Railies, demonstrations,			r any other me	ans					
i	Total lobbying expendit								1	
	if 'Yes' to any of the abo	ove, also attach a stater	nent giving a detailed o	iescription of t	he l	obbyir	ng activitie	s		
BAA							Sch	redule A (Fo	orm 990	or 990-EZ) 2007

Part VII	(Form 990 or 990-EZ) 20 Information Regard Exempt Organizati	ding Tran	th American Thrombosis sfers To and Transactions a instructions)		1818196 Page 7 Icharitable
of the a Transf (i) Ca (ii) Ot b Other (i) Sa (ii) Pu (iii) Re (iv) Re (v) Lo (vi) Pe c Sharin	Code (other than sector ers from the reporting or sh her assets transactions: les or exchanges of assets from intal of facilities, equipm imbursement arrangement or ans or loan guarantees informance of services of g of facilities, equipment of g of facilities, equipment	ets with a n a noncharita ent, or othe ents r membersh t, mailing lis	ndirectly engage in any of the following anizations) or in section 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527, relation 527,	ing to political organizations? an of:	Yes   No   S1a (i)   X   A (ii)   X   S (ii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (iii)   X   S (ii
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	Description of transfers, transactions	
N/A N/A 52a is the descrit	organization directly or in section 501(c) of t	ndirectly affi	liated with, or related to, one or mor her than section 501(c)(3)) or in sect	e tax-exempt organizations	► Yes X No
	complete the following		(b)	1	
N/A	Name of organization		Type of organization	(c) Description of rei	lationship
BAA				Schedule A	Form 990 or 990-EZ) 2007

Application for Extension of Time To File an Form 8868 **Exempt Organization Return** OMB No 1545-1709 File a separate application for each return • If you are filing for an Automatic 3-Month Extension, complete only Part land check this box ► X If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II(on page 2 of this form). Do not complete Part II unlessyou 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). Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits Type or 20-4818196 North American Thrombosis Forum, Inc 1620 Tremont Street #3022
City, town or post office, state, and ZIP code For a foreign address, see instructions Roxbury Crossing, MA 02120 Check type of return to be filed (file a separate application for each return) X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ► John Fanikos, RPh Telephone No. ► 617-525-8326 FAX No. ►

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 this for part of the group, check this box

If this for part of the group, check this box . If this is for the whole group, the extension will cover. I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15 , 20 08 , to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 07 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_. 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 ρείον year overpayment allowed as a credit 368 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) deposit with FTD of See instructions 3c \$ 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868 (Rev 4-2007

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

2007	Federal Stater	Page 1		
	North American Thrombo	sis Forum, Inc		20-481819
Statement 1 Form 990, Part II, Line 43 Other Expenses				
	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
Advertising	1,427.	1,028.	399.	
Bank Charges	75. 169.		75. 169.	
Computer Expense Entertainment & Meals	3,371.	719.	2,652.	
Filing Fees	140.		140.	
Mailing Lists Patient Education	1,420. 11,075.	1,420. 11,075.		
Payroll Service	1,188.	11,073.	1,188.	
Software	1,200.	10 700	1,200.	
Video Production Web Maintenance/Design	16,530. 25,079.	12,780.	3,750. 25,079.	
man image design	Total \$ 61,674.	\$ 27,022.		\$ 0.

### Statement 2 Form 990 , Part III Organization's Primary Exempt Purpose

The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease, and stroke. The five areas of major focus are: 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and education, 4) public policy, and 5) advocacy. NATF's legacy will be to improve patient care, outcomes, and public health by supporting thrombosis-related programs, such as novel research projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy, and to broaden training opportunities for physicians, scientists, and other health professionals.

### Statement 3 Form 990, Part III, Line a Statement of Program Service Accomplishments

Program
Grants and Service
Allocations Expenses

In 2007, NATF held a symposium at Brigham and Women's Hospital in Boston, MA.

The Symposium, entitled "Proactive Thrombosis Prevention" was held Thursday, February 15, 2007 at Brigham and Women's Hospital in Boston, MA. The objective of this course was to provide a comprehensive overview for the prevention and therapeutic targets ans approaches of the epidemiology of venous thromboembolism, which is comprised of deep vein thrombosis (DVT) and pulmonary embolism. The 2007 course presentations and guest speakers were as follows:

1.Patient Advocacy and the United States Congress, Geno

2007	Federal Statements		Page 2
•	North American Thrombosis Forum, Inc		20-4818196
Staten Form ! Staten	nent 3 (continued) 990, Part III, Line a nent of Program Service Accomplishments		
W	Description	Grants and Allocations	Program Service Expenses
	, MD ient Advocacy and the British Parliament, Ajay K. r, MD, PhD		
3.Hum	an Alerts vs. Electronic Alerts, Karen Fiumara, PharmD		
4.Ant Mecha	icoagulation Armamentarium: Update on Drugs and nisms, Sudha Parasuraman, MD		
5.Out McKea	patient Treatment of Venous Thromboembolism, Sylvia n, MD		
6.Hos Hospi Patie	pital Pharmacists and DVT Prevention During talization and at the Time of Hospital Discharge:A nt Safety Issue, John Fanikos, RPh, MBA		
7.Imp Compl	lications of an Out-of-Range INR: Bleeding and Clotting ications, Elaine Hylek, MD		
8.War Front	farin Genetics and Dosing: The New Pharmacogenomic ier, Samuel Z. Goldhaber, MD		
9.Sub	stituting Generic Drugs for Brand Name Drugs, Jawed d, PhD		114,499.
raree	Includes Foreign Grants: No		114,455.
		\$ 0.	\$ 114,499.
Land,	990, Part IV, Line 57 Buildings, and Equipment	Accum. Deprec. 277. \$ 277. \$	Book Value 2,492. 2,492.

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### **NOTICE**

GuideStar has been informed of an IRS processing error on electronically filed Forms 990 between January 1, 2009 and December 3, 2010 for filing year 2008. These processing errors have resulted in inaccurate data appearing on the scanned images of these tax returns and do not reflect the information filed with the IRS.

### These errors include:

- Organization's mission description (Part III, line 1) and the description of program
  achievements (Part III, line 4a) may not reflect what was originally submitted by the
  nonprofit organization
- 2. Gross Income for Special Events value transposed
  - o Part VIII The value in Line 8a may not be accurate
- 3. Other Salaries and Wages, Management and General Expenses is not reported
  - o Part IX Line 7c might show a blank where a value was originally reported
- 4. Endowments Funds, Possession by Related Organizations checkbox transposed
  - o Schedule D, Part V Line 3a (ii) checkbox values may be transposed

GuideStar is working with the IRS and reaching out directly to this organization to obtain a true and accurate copy of the 2008 Form 990.GuideStar will replace this Form 990 when the accurate return is made available.

Please direct any questions to nposervices@guidestar.org.

efil	e GRA	PHIC	print - [	OO NOT PROCESS	As Filed D	ata -			DLN:	93493316006379
	99	n		Return of Org	janization	Exem	pt From	Income	Tax	OMB No 1545-0047
Form	33	U	Unde	r section 501(c), 527, c	or 4947(a)(1) of benefit trust or			Code (excep	nt black lung	2008
Treas Inter	nal Rev		► The or	ganization may have to	o use a copy of t	his retu	rn to satisfy s	tate reporting	; requirements	Open to Public Inspection
A Fo		008 ca	alendar yea	r, or tax year beginning	g 01-01-2008	and endi	ng 12-31-200	8		
	eck if ap		Piease	C Name of organization North American Thrombo	osis Forum Inc					dentification number
	iress cha		use IRS label of	Doing Business As					20-48181 E Telephone	
_	me chan		print or type. See						_(617)525	
	ial returr		Specific Instruc-	Number and street (or P 1620 Tremont Street	O box if mail is no	t delivere	to street addre	ss) Room/suite		pts \$ 1,206,324
	mination ended re		tions.	City or town, state or co	untn. ned 310 . 4				1	
	ended re		1	Roxbury Crossing, MA C	unity, and 21P + 4 02120				1	
i whi	JACOLOTI	penung	E Non	ne and address of Princ	rinal Officar			1 11/-2 2	J	
			Samuel	IZ Goldhaber MD	crpat Othicet			affilia	is a group retui ites?	TYes FNo
				remont Street y Crossing, MA 0212:	0			W/h) Ann ai	necu-tack	ded? Yes F No
I Ta	x-exemp	t status		)(3) <b>◄</b> (insert no)		527		i .	I affiliates inclu Io." attach a lis	it See instructions )
3 W	eb site	: ► ww	w NATFonii	ne org					ip Exemption N	
<b>К</b> Тур	e of orga	inization	Corporat	con trust association	other 🕨	_		L Year of Fo	rmation 2006	M State of legal domicile MA
Pa	rt I	Sum	mary							
				ne organization's missi	on or most signi	ficant ac	tivities			
Activities & Governance	1		al Data Tab							
E E	1			if the organization dis-					25% of its ass	
3	(			members of the govern ndent voting members					. 4	4 0
26 65	1			mployees (Part V, line				-,	5	4
ě	6	Total r	number of v	olunteers (estimate if r	necessary) .				6	
Ę	1	-		ated business revenue					7	
٩	b	Netun	et unrelated business taxable income from Form 990-T, line 34							b
	8	C		d ata (Daak 1/177 t.a.	- ( 6)			Prie	or Year	1,189,155
2	9		prainting and grants (Part VIII, line 1h)					-	322,019	0
Reyenue	10								21,537	17,169
ď	11		revenue (Part VIII, column (A.), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line						343,556	1,205,324
	13	Grant	s and simila	ar amounts paid (Part I	X, column (A), l	ines 1-3	3)			0
	14			or for members (Part IX						0
83	15	Saları 10)	es, other co	ompensation, employee	benefits (Part i	IX, colur	nn (A ), lines :	5 -	30,115	111,998
8	16a	Profes	sional fund	iraising fees (Part IX, c	olumn (A), line	11e)				0
Expenses	b	(Total f	undraising ex	penses, Part IX, column (D)	, line 25 16,589		)			
-	17			(Part IX, column (A), h					174,629	438,335
	18 19			add lines 13-17 (mus penses Subtract line 1		line 25,	column (A ))	-	204,744	550,333 655,991
8 9	13	venen	we mas ux	senses published intel	o nomine 12			Beginn	138,812 ing of Year	End of Year
Assets or Balances	20	Total	assets (Par	rt X, line 16)				2-3	426,340	1,082,332
d Ba	21			Part X, line 26)					20	20
32	22	Netas	sets or fun	d balances Subtract li	ne 21 from line	20			426,320	1,082,312
Part II Signature Block										
Plea	se	Under p and bei	enalties of pe ief, it is true, i	rgury, I declare that I have correct, and complete Decla	examined this retur eration of preparer (	n, includin (other tha	g accompanying n officer) is base	d on all informa	statements, and to tion of which prep -11-12	o the best of my knowledge arer has any knowledge
Here !			ature of office					Date	**-16	
	[	Sam Type	uel Z Goldhat e or print nam	per MD President le and title						
						Date	····	Check if	Preparer's PT	IN (See Gen Inst.)
Paid	i		parer's nature	nomas W Bates				self- empolyed ▶ [-		,
	parei	's	*					companyed *	-	
Use		if se	n's name (or elf-employed)	. •					EIN >	
Only	y	add	iress, and ZIP	+ 4 Thomas W Bates & A	ssoc CPAs					
				80 Maple Street					Phone no	(781) 438-6655
				Stoneham, MA 0218						
				rn with the preparer sh						Yes No

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Statement of Program Service Accomplishments (See the instructions.)
efly describe the organization's mission
undtable 2008On September 28, 2008, the organization held an international summit to recognize timely issues related to the evolution of guidelines for the ective and ethical development of Generic Antithrombotic drugs with particular reference to Low Molecular Weight Heparins
id the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-82?
"Yes," describe these new services on Schedule O
id the organization cease conducting or make significant changes in how it conducts any program services?  "Yes," describe these changes on Schedule O
escribe the exempt purpose achievements for each of the organization's three largest program services by expenses ection \$0.1(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to their the total expenses, and revenue, if any, for each program service reported
(Code ) (Expenses \$ 153,648 including grants of \$ ) (Revenue \$ )  Roundtable 20080n September 28, 2008, the organization held an international summit to recognize timely issues related to the evolution of guidelines for the objective and ethical development of Generic Antithrombotic drugs with particular reference to Low Molecular Weight Hepanis
(Code (Code ) (Expenses § 18,582 including grants of \$ Proactive Thrombosis Prevention Froini 2008the Forum's objective is to imprive patient care through the advancement of thrombosis education. The approach is multi-displinary, targeting patients, advocates, office-based physicians, bospitalists, nuise practitioners, nuises, pharmacists, physician assistants and hospital administrations. The forum provides a unique educational expensers callowing patients and their families to interact with the professionals who carry out research, provide clinical care or work on public policy or advocacy issues related to thrombosis. Attendance was approximately 150 individuals.
(Code ) (Expenses s 141,162 including grants of \$ ) (Revenue \$ )  North American Thrombosis Summit 2008The organization hosted a 1 day symposium for national and international leaders in the field of thrombosis. The program  provided a concise state-of-the-art overview of prophylaxis measures and critical developments in the disgnois, treatment, and prevention of thrombotic disorder  Approximately 309 individuals attended
Other program services (Describe in Schedule O.)
Other program services (Describe in Schedule 0 )  [Expenses \$ 30,409 including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 343,801 Must equal Part IX, Line 25, column (B).
Dith If Do Start Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont

Form	990 (2008)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	<u> </u>
3	To the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section $501(c)(3)$ organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If Yes, "complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 139.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II $^{\odot}$	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVE	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S $^{7}$	14a		No
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S $?$ If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule $F$ , Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line $1^{\circ}$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schoule K. If "No," go to question 25.	24a	***************************************	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? , , , , , , , , , , , , , , , , , , ,	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "res," complete Schedule L, Part I.	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule 1, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

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## Form 990 (2008) Part IV Checklist of Required Schedules (Continued)

	Yes	2
During the tax year, did any person who is a current or former officer, director, trustee, or key employee in Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part		
IV	28a	o Z
. Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	N O
. Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	° N
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30	No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part $I$	31	o Z
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	0 Z
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	0 2
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line I	34	S 0
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	0 2
501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "yes," complete Schedule R, Part V, line 2	36	° Z
Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part $VI$ .	37	No.
organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule K,   Part VI	)s	

Form	990 (2008)			Page :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1s Enter-0- if not applicable			
D	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2b		No
	return <sup>2</sup> ,	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	58		No
c	Tax Shelter Transaction?	5c		14.0
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		Νo
	more?	1		l
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required <sup>2</sup>	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	į		
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Nο
10	Section 501(c)(7) organizations. Enter		-	
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	l		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter	1		
	Gross income from members or shareholders , , , , , , , , , , , , , , , , , , ,			
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them )	1		
12>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	128		14.0
-	year 12b	1		

Form	990 (2008)			Page
	tVI Governance, Management, and Disclosure (Sections A, B, and Crequest information about policies not required by the Internal Revenue Code.)	on		
S	ection A. Governing Body and Management		T	1
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		Yes	No
	processes, or changes in Schedule O. See instructions.			
la	Enter the number of voting members of the governing body 1a 4	4		
	Enter the number of voting members that are independent Lib 0	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? $\sim$ .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body? . , ,	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	86	Yes	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	<u> </u>
11	11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Se	ection B. Policies			
		,	Yes	No
	Does the organization have a written conflict of interest policy? If "No", go to line $13$ , ,	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule D how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy? ,	13		No
	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
	The organization's CEO, Executive Director, or top management official?	15a	Yes	
ь	Other officers or key employees of the organization?	15b		No
	**************************************			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Faderal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply	***		
	Town website Tanother's website Tupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	inizatio	n
	Ilene Sussman PhD 1620 Tremont Street 3022			
	Roxbury Crossing, MA 02120			
	(617) 525-8326			

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Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed Use Schedule 1-2.7 fadditional space is needed

List all of the organization's current officers, directors, fursteer dividuous to organizations) and key employees regardless
of amount of compensation, and current key employees. First -0- in columns (D), (E), and (F) if no compensation was paid

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
organization and any related organizations

\* List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

\* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$1,0,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

		(C) Position (check all that apply)	(C) ition (checl that apply)	heck pty)	iii iii			į	(F)
(A.) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Key amployea Officer	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations MISC)	Estimated amount of other compensation from the organization and related organizations
Samuel Z Goldhaber MD, President	15 00	×	-	×	_	-	0		O
Kimberly Mahoney, Exec Director				-	_	×	39,511		0
John Fanikos RPh , Treasurer	10 00	×		×	-	_	0		0
lawed Fareed PhD , Vice President	10 00	×		×		_	0	0	o
iene Sussman , Exec Director	00 09		_	×	×	L	34,402		0
Arthur A Sasahara MD , Director	10 00	×					0		0
			Н			_			
				-					
						_			
					L				
				-	_	_			
					L	H			
				-		Н			

Form 990 (2008)

Yes

Page 8		Estimated amount of other compensation compensation and related organizations									
	ű	Reportable compensation from related organizations (W- 2/L099-MISC)									
	No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of	(D) Reportable compensation from the organization (W- 2/1099MISC)									
		Former	L			$\Box$	I				_
-	=	Highest compensated employee				Ц	L				
-	(C) Position (check all that apply)	Keş emploşes	L	L		Ц	Ļ	Ц	L	4	_
	(C) on (ch at app	Officei	L	L	_	4	1	Н	L	4	_
	that	Institutional Trustee	-	L		dash	+	H	L	4	_
	Pos	Individual Trustee or Otrector	L	L							
		(B) Average hours per week									_
Form 990 (2008) Part VII Continued		(A) Name and Title	AND THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE	Age and about an area of opposite to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta							

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations of organizations greater than \$150,000 if "fee," complete Schedule I for such individual. 1b Total

2 Total number of individuals (including those in 1a) who received more than \$1.00,000 in reportable compensation from the organization №

Did any parson listed on line 1a receive or acciue compansation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

No

(C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization (B) Description of services Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

\$100,000 of compensation from the organization

Name and business address

Obexcripton of

Form 990 (2008)

Part Statement of Revenue VIII

VIII								
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
\$ \$3	1a	Federated camp	oaigns ia					
≅ ≨	ь	Membership du	es					
5€	c	Fundraising eve	ints 1c					
ű,	d	Related organiz	ations , 1d					
2, E		Government grants						
2.2	,	All other contributio	ins, gifts, grants, and <b>1f</b> t included above	1,189,155				
五五								
<u> </u>	9	lines 1a-1f \$ _	butions included in					
Contributions, gifts, grants and other similar amounts	h		s ia-if)	🕨	1,189,155			
				Bus:ness Code				
E E	2a							
ē.	ь						*****	T
or Og	c							
Š	ď	***************************************	· · · · · · · · · · · · · · · · · · ·					
Ŧ	e		***************************************					
Ë	ı	All other progra	im service revenue					
Program Service Beverue			***************************************	L				
Δ	9	Total. Add lines	2a-2f	* \$				
	3	Investment inc	ome (including dividen	ds, interest				
	l	other similar an	nounts)	🛌	17,169	17,169		
	4	Income from inves	lment of tax-exempt bond		0			
	5	Royalties			6			
	l_		(i) Real	(H) Personal				
	6a b	Gross Rents Less rental						
		expenses						
	۰	Rental income or (loss)						
	d	Net rental incor	ne or (loss)		0			
	7a	Gross amount	(i) Securities	(II) Other				
	/2	from sales of assets other		-				
		than inventory			ļ			
	ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
	d	Net gain or (los	s) , , , , , ,		0			
	8a	Gross income fo	rom fundraising					
Other Revenue		See Part IV, Iin Attach Schedule	reported on line 1c) e 18 G if total exceeds					
<u>د</u>	ь		a					
Ę.	c		loss) from fundraising	events	o			
Ò	9a	Gross income fi See part IV, lin	rom gaming activities				****	710-
	ь	Less direct exp						
	c		loss) from gaming acti	vities	0			
	10a	Gross sales of a returns and allo	inventory, less wances ,					
	ь		ods sold b					
	c		loss) from sales of invi		0			
	<u></u>	Miscellaneous	Revenue	Business Code				
	11a							
	6							
	c							
	đ	All other revenu						
	e	Total. Add lines	11a-11d	\$0				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	S, 6d, 7d, 8c, ▶	1.206,324	17.169		
								Form 990 (2008)

### Form 990 (2008) Part IX Statement of Functional Expenses

Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S. See Part IV , line 22 $$	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
Δ	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	81,948		81,948	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroli taxes	30,050		30,050	***************************************
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	34,126		34,126	~~~~
c	Accounting	3,275		3,275	
ď	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
ŧ	Investment management fees	0			
a	Other	0			
12	Advertising and promotion	8,460	8,160	300	
13	Office expenses	4,573	1,707	2,866	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	109,197	99,606	1.045	8,5
18	Payments of travel or entertainment expenses for any Federal, state or local public officials , .	0			
19	Conferences, conventions and meetings	11,344	3,904		7,4
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	903		903	
23	Insurance	2,426		2,426	***************************************
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Video Production	35,508	35,508		1 101
b	Printing and Publications	30,315	22,265	7,907	1
c	Honorarium	61,300	61,300		
d	Event Planner	25,000	25,000		
e	Entertainment & Meals	41,778	41,778		
f	All other expenses	70,130	44,573	25,097	
25	Total functional expenses. Add lines 1 through 24f	550,333	343,801	189,943	16,5
26	Joint Costs. Check   if following SO P 98-2   Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

Form **990** (2008)

	t X	Balance Sheet						
					(A)			B) fyear
1.	1	Cash are interest because			Beginning of year 49,924	1	E110 0	336,10
- 1	2	Cash—non-interest-bearing	•		373,924	2		741,0
- 1	3	Savings and temporary cash investments	•		3/3,924	3		741,0
- 1	4	Pledges and grants receivable, net	•			4		
- 1		Accounts receivable, net				4		
1	5	Receivables from current and former officers, directors, trustees, ke other related parties. Complete Part II of Schedule L	yeπ	iployees or		5		
-	6	Receivables from other disqualified persons (as defined under secti persons described in section 4958(c)(3)(B). Complete Part II of Schi				6		
	7	Notes and loans receivable, net				7		
-  -	8	Inventories for sale or use	٠			8		
ا 2	9	Prepaid expenses and deferred charges				9		
resers	10a	Land, buildings, and equipment cost basis	10a	6.311				
	b	Less accumulated depreciation Complete Part VI of	10b	1,180	2.492	10c		5,13
- 1.	11					11		
1	12	Investments—other securities See Part IV, line 11 Complete Part V	· · /II of	•				
1	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part IV	VIII			12		
- [		of Schedule D ,				13		
- 1		Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			426,340	16		1,082,33
-	17	Accounts payable and accrued expenses			20	17		2
	18	Grants payable				18		
- 1	19	Deferred revenue				19	***************************************	
- 1	20	Tax-exempt bond liabilities				20		
	21	Escrow account liability Complete Part IV of Schedule D			<b></b>	21		
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
31		persons Complete Part II of Schedule L	,			22		
-1:	23	Secured mortgages and notes payable to unrelated third parties .				23		
- 1		Unsecured notes and loans payable				24		
1:		Other liabilities Complete Part X of Schedule D				25		
		Total liabilities, Add lines 17 through 25			20	26		2
c i		Organizations that follow SFAS 117, check here F and complete through 29, and lines 33 and 34.	line	s 27				
ž  ;		Unrestricted net assets				27		
2 :		Temporarily restricted net assets				28		
		Permanently restricted net assets				29		
Assets or rund datances		Organizations that do not follow SFAS 117, check here ► 🗸 and co lines 30 through 34.	mple	te				h-h
°  :		Capital stock or trust principal, or current funds				30		
ě :		Paid-in or capital surplus, or land, building or equipment fund				31		
3	32	Retained earnings, endowment, accumulated income, or other funds			426,320	32		1,082.31
		Total net assets or fund balances			426,320	33		1,082,31
z	34	Total liabilities and net assets/fund balances			426,340	34		1,082,33
Par	t XI	Financial Statements and Reporting						
	Accou	inting method used to prepare the Form 990   ア cash 「acc	eusl.	Cathar			Yes	No
		the organization's financial statements compiled or reviewed by an i			ent?	2a		No
						-		No
		the organization's financial statements audited by an independent ai				2b	Yes	<del> </del>
	audit,	s <sup>-</sup> to lines 2a or 2b, does the organization have a committee that as review, or compilation of its financial statements and selection of air	n indi	ependent accou	ntant?	2c		No
rd .	MS & (	esult of a federal award, was the organization required to undergo ar Audit Act and OMB Circular A-133?	aud	it or audits as s	et forth in the	3a	İ	No
						1 23		

DLN: 93493316006379 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -OMB No 1545-0047 SCHEDULE A **Public Charity Status and Public Support** (Form 990 or To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions. 990EZ) Department of the Treasury Internal Revenue Name of the organization North American Thrombosis Forum Inc Employer identification number Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization ) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H ) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part  $\rm II$  ) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II ) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of to perform the functions of 100 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a. Type II b. Type III c. Type III - Cherr By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 11 fallowing persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organii col (i) your go	Is the zation in listed in overning ment?	the org	you notify anization (i) of your port?	col (i)	Is the zation in organized a US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
						<del>                                     </del>	-	<b></b>	
	<del> </del>			<b> </b>		<del> </del>			

and (iii) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

(ii) a family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public Support Percentage   Computation of Public S	₹ -	runiic Support			***************************************		***************************************	
		· ·	(a) 2004	( <b>a</b> ) 2002	(c) 2006	(d) 2002	(e) 2008	(f) Total
0.5		members nip rees received (Do not include any "unusual grants")						
	C.	Tax revenues levied for the organization's benefit and either paid to or expended on						
0.11	m	its behalf The value of services or facilities						
		furnished by a governmental unit to the						
		organization without charge Total, Add line 1-3						
0.5	ın	The portion of total contribution by each						
		person (other than a government unit or publicly supported organization) included						
		on line 1 that exceed 2% of the amount shown on line 11, column						
0.5	10	(1)  Public Support subtract line 5 from line 4						
	F	otal Support						
10 22 22 22 22 22 22 22 22 22 22 22 22 22	1		(a) 2004	( <b>b</b> ) 2005	(c) 2006	( <b>d</b> ) 2007	(e) 2008	(f) Total
		Amounts from line 4						
	_	Gross income from interest, dividends,						
		payments received on securities loans, rents, royalties and income from similar						
		sonices						
	_	Net income from unrelated business activities, whether or not the business is						
		regularly carried on						
	_	Other income Do not include gain or loss						
		Form the sale of capital assets (Explain in Part IV.)						
		Total Support (Add lines 7 through 10)					-	
10		Gross receipts from related activities, etc.	(See Instructio	ns )			12	
(6)		First Five Years. If the Form 990 is for the i organization, check this box and stop here	organization's f	irst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3)	i_
	Ŭ	omputation of Public Support Perc	entage					
	_	Public Support Percentage for 2008 (line 6	column (f) divi	ded by line 11 c	olumn (f))		14	
		Public Support Percentage for 2007 Sched	ule A, Part IV-	A, line 26f			15	
	9 4		f not check the s a publicly sup d not check the	box on line 13, ported organizat	and line 14 is 32 son or 16a, and line	1/3% or more,	check this box	
			es as a publicly If the organizat	supported organ	rization c a box on line 1	3, 16a, or 16b	and line 14 is 1	o. %0
		more, and if the organization meets the "fac	cts and circums	tances" test, ch	eck this box and	stop here. Exp	dain in Part IV h	Tow the
the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	.a		If the organizates and circums	ion did not check tances" test, ch	k a box on line 1 leck this box and	3, 16a, 16b, or stop here. Exp	17a and line 15	\$ 10%
18 Drivate Countation If the ecosociation did not check the box on the 13 16s 16s 17s or 17h check this box and see	_	the organization meets the "facts and circu Drivate Foundation of the organization did	mstances" tes	t The organization	on qualifies as a	publicly suppo	rted organization	_

Pa	Support Schedule for Or (Complete only if you check				(2)		
Se	ection A. Public Support	red the box o	II MILE 9 OI FB	((1.)			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			330,308	322,019	1,189,155	1,841,48
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-						
3	exempt purpose Gross receipts from activities that are not an unrelated trade or business under						
4	section 513 Tax revenues levied for the organization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total Add lines 1-5			330,308	322,019	1,189,155	1,841,4
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
8	Total of lines 7a and 7b  Public Support (Substract line 7c from line 6)						1,841,4
	ital Support			,			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006 330,308	(d) 2007 322,019	(e) 2008 1,189,155	(f) Total 1,841,4
9 10a	Amounts from line 6 Gross income from interest, dividends,			330,306	322,019	1,169,133	1,041,4
	payments received on securities loans, rents, royalties and income from similar sources			2,388	21,537	17,169	41,0
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c	Add lines 10a and 10b			2,388	21,537	17,169	41,0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						***************************************
13	Total Support (Add lines 9, 10c, 11 and 12)	- Indiana			*****		1,882,5
14	First Five Years If the Form 990 is for the o	rganization's fi	rst, second, thi	d, fourth, or fifth	tax year as a 50	)1(c)(3) organiz	ation, ▶ ▼
	mputation of Public Support Perce						
15	Public Support Percentage for 2008 (line 8			column (f))		15	0 4
16	Public Support Percentage for 2007 Sched	ule A , Part IV - A	A, line 27g			16	
Co	mputation of Investment Income					-	
17 18	Investment Income Percentage for 2008 (in Investment Income Percentage from 2007)					17	0 1
	33 1/3% Tests - 2008. If the organization di				ore than 33 1/3	% and line	
ь	17 is not more than 33 1/3%, check this bo 33 1/3% Tests - 2007. If the organization di	x and <b>stop here</b> d not check a b	. The organization on line 14 o	ion qualifies as a r line 19a, and lir	publicly suppor le 16 is more th	ted organization an 33 1/3% and	I
20	line 18 is not more than 33 1/3%, check the	s box and stop	here. The organ	nization qualifies	as a publicly su	pported organiz	ation 🛌

Schedule A (Form 990 or 990-E2) 2008

Part IV Supplemental Information. Complete this part to provide the information required by Part II, line 10;
Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

efile GRAPHIC	orint - DO NOT PROCESS As	Filed Data -	DL	N: 93493316006379
SCHEDULE D				OMB No 1545-0047
Form 990)	Suppleme	ntal Financial State	ments	2008
epartment of the reasury nternal Revenue ervice		990. To be completed by organi orm 990, Part IV, line 6, 7, 8, 9		Open to Public Inspection
Name of the organi	zation		Employer ide	ntification number
North American Thromb	osis Forum Inc		20-481819	,
	izations Maintaining Donor A			
organiz	ration answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised für		
1 Total number a	t and of war.	(a) Donor advised für	nas (B) runas	and other accounts
	tributions to (during year)			
	nts from (during year)			
	e at end of year			
5 Did the organiz	ration inform all donors and donor adv rganization's property, subject to the			□ Yes □ No
used only for c	ration inform all grantees, donors, and haritable purposes and not for the be			
	private benefit?  rvation Easements. Complete	of the economistan answer	ad "Vac" to Form 000 I	Yes No
	conservation easements held by the			arciv, me 7.
	on of land for public use (e.g., recreat		iy) vation of an historically im:	portantly land area
	of natural habitat		vation of certified historic :	
Preservati	on of open space			
	Za-2d if the organization held a qua of the tax year	lified conservation contribution		
			-	eld at the End of the Ye
	of conservation easements		2a	
-	restricted by conservation easemen		2b	
	nservation easements on a certified h			
	nservation easements included in (c)		2d	
Number of con- the taxable yea	servation easements modified, transf ar 🟲	erred, released, extinguished, o	or terminated by the organi	zation during
Number of state	es where property subject to conserv	ation easement is located 🕨		
	nization have a written policy regardin the conservation easements it holds		ection, violations, and	□Yes □No
	er hours devoted to monitoring, insp			
- Amount of exp	enses incurred in monitoring, inspect			
170(h)(4)(B)(i	servation easement reported on line and 170(h)(4)(B)(ii)?			Yes No
balance sheet, the organizatio	scribe how the organization reports of and include, if applicable, the text of n's accounting for conservation ease	the footnote to the organization ments	n's financial statements the	at describes
Comple	izations Maintaining Collection ate if the organization answered	"Yes" to Form 990, Part IV	, line 8.	
art, historical t	tion elected, as permitted under SFA! reasures, or other similar assets held t XIV, the text of the footnote to its fi	for public exhibition, educatio	n or research in furtheranc	
historical treas provide the foll	tion elected, as permitted under SFA sures, or other similar assets held for owing amounts relating to these item	public exhibition, education, or s		
(i) Revenues is	ncluded in Form 990, Part VIII, line		<b>+</b>	\$
	uded in Form 990, Part X		<b>▶</b> \$	
<ol> <li>If the organization following amounts</li> </ol>	tion received or held works of art, his nts required to be reported under SFA	orical treasures, or other simil S I 16 relating to these items	ar assets for financial gain	provide the
	ided in Form 990, Part VIII, line 1		<b>▶</b> \$	
b Acceste include	d in Form 990, Part X			

	200	Organizations Maintaining C	ollections of Ar	t, Hi	stori	cal Treasu	ires, or Otl	her	Similar Asse	ts (c	ontinue
3		the organization's accession and oth (check all that apply)	er records, check ar	ny of t	he fol	owing that ar	e a significan	it us	e of its collection		
a	ГР	ublic exhibition		d	Г	Loan or exc	hange progra	ms			
ь	Г s	cholarly research		e	Г	Other					
	Г Р	reservation for future generations									
_		ie a description of the organization's	offections and expli	ain ho	w the	further the i	organization's	exe	mot nurnose in		
	Part X		.onections and expe	4,,,,,,,,,	W LINE	, iditile, the	2. gameation 5		mpe parpose m		
		the year, did the organization solicit						sımıl	ar F	v	├ No
ar		s to be sold to raise funds rather than Trust, Escrow and Custodial Part IV, line 9, or reported an a	Arrangements.	. Con	plete	if the orga		swe			
a		organization an agent, trustee, custo ed on Form 990, Part X?				***************************************	or other asset	ts no	ot	Yes	□ No
ь		s," explain why in Part XIV and comp	lete the following tal	hle							
_		o, explain in, in alther one comp						T	Amou	nt	
c	Begin	ning balance					1	c			
đ		ions during the year					1	d			
2		butions during the year					1	e			
r		g balance					1	f			
a		e organization include an amount on l	Form 990 Part Y lir	10 213	,		드		Γ,	Yes	[ No
		s," explain the arrangement in Part XI							,		,
	t V	Endowment Funds. Complete		n an	SWELL	d "Yes" to	Form 990 F	Part	IV line 10		
			(a)Current Year		)Prior '				ree Years Back (e)	Four Y	ears Ba
a	Begin	ning of year balance									
ь	Contr	ibutions ,									
c	Inves	tment earnings or losses									
d	Grant	s or scholarships									
e	Other	expenditures for facilities		•							
		rograms									
f	Admir	nistrative expenses									
g	End o	fyearbalance									
	Provid	ie the estimated percentage of the ye	ar end balance held	as							
a	Board	designated or quasi-endowment 🕨									
b	Perma	nent endowment 🕨									
c	Term	endowment -									
a		ere endowment funds not in the possi	assion of the organiz	ation	that a	re held and a	idministered f	for th	ne		
		zation by							,	Yes	No
		related organizations , ,		٠				•	. , , 3a(i)		
		lated organizations							, 3a(ii)		<del> </del>
ь		s" to 3a(ii), are the related organizati ibe in Part XIV the intended uses of t						•	3Ъ	L	
-13		Investments—Land, Building					art V. line 1	0			
-		investments-Land, building	s, and Equipme		_					T	
		Description of investment				<ul> <li>Cost or other</li> <li>sis (investment)</li> </ul>	(b)Cost or ot basis (other		(c) Depreciation	(d) E	Book val
			P*************************************		+		<b></b>				
a L	and .	, , ,									
				· .	$\vdash$						
ь	Building	gs		· .	F			7			
b E	suilding easeh			· ·			6	311	1 180		5 1
b E c L d E	suilding easeh	old Improvements		· ·			6,:	311	1,180		5,1

Schedule D (Form 990) 2008		Page 3
Part VII Investments—Other Securities.	See Form 990, Part X, line 1.	2,
(a) Description of security or cateory	(b)Book value	(c) Method of valuation  Cost or end-of-year market value
(including name of security)		COST OF EIRO-OF-Year marker value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
· · · · · · · · · · · · · · · · · · ·		
WELL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE		
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Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) <b>&gt;</b>	
	······································	
Part VIII Investments—Program Related	. See Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 1:		
Part IX Other Assets. See Form 990, Part	X, IIIIe 15.	(b) Book value
(a) D	escription	(D) DOOK VEIGE
	у фарта	
Total. (Column (b) should equal Form 990, Part X, col.(B)	line 15.)	<u>, , , , , , , , , , , , , , , , , , , </u>
Part X Other Liabilities. See Form 990, F	art X, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
***		
Total. (Column (b) should equal Form 990, Part X, col (B) line 2	5) 🕨	
In Part XIV, provide the text of the footnote to the org	anization's financial statements	that reports the organization's liability for
uncertain tax positions under FIN 48		-

	dule D (Form 990) 2008		Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	1	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,206,324
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	550,333
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	655,991
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	655,991
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		rn
1	Total revenue, gains, and other support per audited financial		1,206,324
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	·
3	Subtract line 2e from line 1	3	1,206,324
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,206,324
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	550,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	550,333
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
e	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	550,333
	t XIV   Supplemental Information		
	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pr : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XIV, lir	es 1b and 2b,
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	(201 to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) to 1) t		

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

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Schedule D (1 offil 220) 2000	Part XIV Supplemental Information(continued)	Identifier														

Schedule D (Form 990) 2008

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	nedule J	Com	pensa	tion Information		MB No 1	545-0	0047
Depa Trea	artment of the sury rnal Revenue	► Attach to F	Compen orm 990. T	, Trustees, Key Employees, and High sated Employees To be completed by organizations ' to Form 990, Part IV, line 23.	nest	Open to		
Na	me of the organi	zation			Employer identifi	cation nur	nber	_
Non	th American Thromb	osis Forum Inc			20-4818196			
77.	rt I Questi	ons Regarding Compensati			20-4818195			
	Questi	ons Regarding compensati	<u> </u>				Yes	No
1a				ny of the following to or for a person vide any relevant information regard			700	-
	First class	or charter travel	_	Housing allowance or residence fo	r personal use			
	Travel for	companions	_	Payments for business use of pers	onal residence			
	Tax idemn	fication and gross-up payments	Γ	Health or social club dues or initia	ition fees			
	Discretion	ary spending account	٢	Personal services (e.g., maid, cha	uffeur, chef)			
b		cked, did the organization follow a the expenses described above? If		olicy regarding payment or reimburs nplete Part III to explain	ement or	1b		
2				sing or allowing expenses incurred t or, regarding the items checked in h		2		
3	organization's i Compensa Independe	if any, of the following the organize CEO/Executive Director Check all tion committee nt compensation consultant of other organizations		Written employment contract Compensation survey or study				
4	During the year	, did any person listed in Form 990	), Part VI	I, Section A, line 1a				
а	Receive a seve	rance payment or change of contro	l payment	t?		4a	L	No
b	Participate in,	or receive payment from, a supplen	nental non	iqualified retirement plan?		4b		No
c		or receive payment from, an equity- of lines 4a-c, list the persons and		impensation arrangement? ne applicable amounts for each item	in Part III	4c		No
	501(c)(3) and (	501(c)(4) organizations only must	complete	liner 5-P				
5	For persons list			, did the organization pay or accrue	any			
а	The organization	n?				5a		No
ь	Any related org	anization?				5b		No
		5a or 5b, describe in Part III					l	
6		ed in form 990, Part VII, Section of contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue	any			
а	The organization	ηγ				6a		No
b	Any related org	anization?				6b		No
	If "Yes," to line	6a or 6b, describe in Part III						1
7	For persons lis			, did the organization provide any no a in Part III	on-fixed	7		No
8	Were any amou	nts reported in Form 990, Part VII	, paid or a	accured pursuant to a contract that section 53 4958-4(a)(3)? If "Yes,"		8		No
		Paperwork Reduction Act Notice, se				le 1 (Form		—

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

Page 2

For each individual whose compensation must be reported in Schedule 1, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

							***************************************
(A) Name	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation		(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Kimberly Mahoney (ii)	39,511					39,511	39,511
(11)							<u>Landendisch</u> erte serrindende de Artiste son errenne medderforter over de der der
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(11)							
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(11)							
(9)							
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Schedule J (Form 990) 2008

Partiti Supplemental Information
Complete this part to provide the second

	1	1				-		l	1		-	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information	Explanation											
s part to prov	Return Reference											
Complete the	Identifier											

Return to Form

Additional Data

Software ID: 08000091
Software Version: 2008v2.7
EIN: 20-4818196
Name: North American Thrombosis Forum Inc

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Explanation

Return Reference

SCHEDULE 0 (Form 990)	Supplemental Information to Form 990	2008 No 1545-0047
Department of the Treasury Internal Revenue	➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	
Service Name of the organization		Employer identification number
North American Thrombosis Forum Inc	s Forum Inc.	

Identifier	Return Reference		Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Form 990, Part VI, Line 19 Other Organization Line 19 Documents Publicity Available	The organization makes if statements available to the	The organization makes its governing documents and financial statements available to the public upon written request
Identifier	Return Reference		Explanation

Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees		Compensation is review ed and approved by the Board of Directors
identifier	Return Reference	Explanation	no
Form 990, Part VI, Line 12c	Form 990, Part VI, Form 990, Part VI, Line 12c Explanation of Montoring and Enforcement of Conflicts	The Board of Directors established the conflict of interest policy in 2008 and is in the process of developing a review process	conflict of interest policy in 2008 view process

dentifier	Return Reference	Explanation
Form 990, Part V1, Line 10	Form 990, Part Form 990, Part VI, Line 10 VI, Line 10 Form 990 Review Process	The organizations financial statements are prepared by an independent certified public accountant. The Form 990 is prepared by a different independent certified public accountant. The Board of Directors reviews the Form 990 prior to filing.
Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROSRAM SERVICES 9. Other program activities. IATF symposium 2007 \$ 4,083 Program: Efforts 5,776 Collaboration/Outreach 15,306 Grand Rounds - 2008 381 Travel Fellow ship - 2008 4,863

Identifier	Return Reference	Explanation
Form 990, Part III, Line 2	Form 990, Part III, Line 2. New Services	See the activities described on Line 4, Part III
For Paperwork Reduction Act No	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51056K	No 51056K Schedule O (Form 990) 2008

### **Additional Data**

Software ID:

Software Version:

**EIN:** 20-4818196

Name: North American Thrombosis Forum Inc

# Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

prevention and education, 4) public policy, and 5) advocacy. NATF's legacy will be to improve patient care, embolism, myocardial infarction, peripheral arterial occlusive disease, and stroke. The five areas of major and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy, and The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs focus are: 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) outcomes, and public health by supporting thrombosis-related programs, such as novel research to broaden training opportunities for physicians, scientists, and other health professionals.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

prevention and education, 4) public policy, and 5) advocacy. NATF's legacy will be to improve patient care, embolism, myocardial infarction, peripheral arterial occlusive disease, and stroke. The five areas of major and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy, and The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs focus are: 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) outcomes, and public health by supporting thrombosis-related programs, such as novel research to broaden training opportunities for physicians, scientists, and other health professionals.

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	t of the Treas evenue Servic		ganization may have to	use a copy of this retur	n to satisfy s	state rep	orting	requirements	Open	to Public pection
A For	the 2009	calendar yea	r, or tax year beginning	01-01-2009 and endi	ng 12-31-200	19				
	k if applica	ble Please	C Name of organization North American Thrombos	s Forum Inc				D Employer i		n number
	ess change	use IRS label or	Doing Business As					20-4818 E Telephone		
Name Initial	change .	print or type. See Specific						(617) 525		
	nated	Instruc-	Number and street (or P 0 1620 Tremont Street	box if mail is not delivered	to street addre	ess) Room	:/suite	<b>G</b> Gross receip		29
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		F Nan	ne and address of princi- Z Goldhaber MD	oal officer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H(a)	Is th	is a group reti	urn for	
		271 Be	verly Road				affilia	ites?	Г	Yes 🔽 No
		Chestn	ut Hill, MA 02457			н(ъ)	Are a	li affiliates incl	uded?	Fres F No
t Tax-	exempt sta	tus 🔽 501(c)	(3) <b>◄</b> (insert no )	47(a)(1) or   527		1		o," attach a le		tructions)
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Part		immary	on Trust Association	Other >	·/·//	L Ye	ar of fo	mation 2000	M State of	legal domicile M
Activities & Governance	arte espe pate educ	rial occlusive i scially diagnos ent care, outco tational progra	rdiovascular diseases s disease and stroke. The is and therapy, 3) preve mes and public health b ms, public policy initiati ists and other health pro	five areas of major foci ntion and education, 4 y supporting thrombos yes, regulatory issues	us are 1) ba I public polic Is-related pr	sic trans y and 5) ograms,	latior advo such	nai research, I cacy NATF's as novel rese	() clinical i legacy will arch projec	research, I be to improvi its, innovative
3										
6	2 Che	ck this box 🚩	if the organization disc	ontinued its operations	or disposed	of more	than	25% of its ne	tassets	
			nembers of the governin						3	
\$			dent voting members of		irt VI, line 1	b)	•		4	
			iployees (Part V, line 2) lunteers (estimate if ne-						5	
			ed business revenue fro		), line 12				7a	
_	<b>b</b> Net	unrelated busi	ness taxable income fro	m Form 990-T, line 34	• •				7b	
	8 Co		grants (Part VIII, line	*		-	Pric	r Year	Curr	ent Year
9			evenue (Part VIII, line					1,189,155		945,275
Revenue			ne (Part VIII, column (A					17,169		14,039
_ 1,			art VIII, column (A), lin							11,145
	12 Tol	airevenue—ac	ld lines 8 through 11 (m	iust equal Part VIII, co	lumn (A ), lin	ie		1,206,324		992,218
			r amounts paid (Part IX		)					Ç
1.			r for members (Part IX, mpensation, employee I			_				0
88	10	)	inpensation, employee	renents (Fait 1x, colon	m (M ), imes :	"		111,998		152,511
Expenses			raising fees (Part IX, co			-				
			enses (Part IX, column (D), in Part IX, column (A), inne	· ———		-		438,335		375,351
			dd lines 13-17 (must e			-		550,333		527,962
	l <b>9</b> Res	enue less exp	enses Subtract line 18	from line 12				655,991		464,256
800						Beg		of Current ear	End	of Year
Assets or	10 Tot	ai assets (Par	X, line 16)					1,082,332		2,120,514
ã <u>⊆</u>   1			art X, line 26)					20		500,000
Part		gnature Bio	d balances Subtract line	21 from line 20				1,082,312		1,620,514
			jury, I decisie that I have ex orrect, and complete. Declars	amined this return, including	accompanying	schedule	and si	atements, and to	the best of	my knowledge
Sign Jere		ignature of office		- prepare (voice tital)			2010-		over nes any	
		Samuel Z Goldnab	er MD President							
Paid	Pren	rer's Ronald	Rice CPA	Date		Check if self-	, <sub> </sub>	Preparer's ider (see instruction		er
repare		's name (or yours	Weiner and Rice PC					EIN b		
Jse On	ly addr	f-employed), ess, and ZIP + 4	70 Wells Avenue Suite 10	12			—	-		
			Newton, MA 02459					Phone no 🕨	(617) 969-3	232
	IDC die	cuse this ratio	n with the preparer choi	n above? (see instruct					[Yes	TNo

Page 2

## Form 990 (2009) Partill Statement of Program Service Accomplishments 1 Briefly describe the organization's mission

The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs and issues related to thrombosis and The North American Thrombosis Forum (NATF) is an anoprofit organization that focuses on unmet needs and issues related to thrombosis and erridovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease and stroke The five areas of major focus are 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and educational, public policy and 5) advocacy NATFs legacy will be to improve patient care, outcomes and public health by supporting thrombosis-related programs, such as novel research projects, innovative aducational programs, public policy initiatives, requiatory issues and advocacy and to broaden training opportunities for physicians, scientists and other health professionals

7	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?
m	If Yes, describe these new services on Schedule U  Did the organization cease conducting, or make significant changes in how it conducts, any program  services?   Yes   No  If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
5	(Code ) (Expenses \$ 11,953 )  To 2009 or Auch American Thrombosis Summa 2009latabasi and international leaders in the field of thrombosis are invited to peacent begins at this 1-day symposium. The program provide is normes blate-of-the and overer of prophytaxis and critical developments in the diagnosis, treatment, and prevention of thrombox, disorders. The Thrombosis Summa softe accredited for physicians, nurses, and phirmscrist, referring MATF similar disorders are soften and available either through the NATF website and/or CD-ROM obtainable through NATF Approximately 300 people alterided.
4	(Code ) (Expenses \$ 135,408 including grants of \$ ) (Revenue \$ )  Vanous other programs including collaborative and outreach efforts, residual and immaterial expenses from prior year programs and activities with relatively lower costs when compared to current activities
4	(Code  ) (Expenses \$ 85,187 including grants of \$ ) (Revenue \$ 9,335)  PP2009 Proactive Thrombosis Prevention Forum's objective is to improve patient care through the advancement of thrombosis education. The approach is multi-disciplinary, largeting patients, advocates, office-based physicians, hospitalists, ruizes, parameters, advocates, office-based physicians, hospitalists, ruizes, parameters, advocates, office-based physicians in the professionary and patients and their claimles to understand that the professionals who carry out research, provide clinical care, or work on public policy or advocacy issues related to thrombosis. Like the Thrombosis Summit, the Proactive Thrombosis Prevention Forum is CMF accredited for physicians, nurses, and pharmacesis. Content of the forums is preserved, the enduring materials are available through the NATF website and a CD-ROM that is available on request Approximately 150 people attended
5	Other program services (Describe in Schedule O ) (Expenses \$ 26,126 including grants of \$ ) (Revenue \$ 448)
1	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🐯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule $C_r$ Part $II$	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $159$ .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 20	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schoule D, Part VID	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part VI	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 🖥	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	145		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S $^2$ If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S $\stackrel{>}{\sim}$ If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part $II$	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
				12000

Form **990** (2009)

Par	Checklist of Required Schedules (continued)		Page 4
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II.	21	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line $2^{\circ}$ If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A. questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule].	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25.	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ,	24d	Nο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 $II^{*}$ "Yes," complete Schedule $I$ - $I$ - $I$ - $I$ - $I$ - $I$ - $I$ - $I$ -	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27	No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	No
	Is any related organization a controlled entity within the meaning of section 512(b){13)? If "Yes," complete Schedule R, Part V, line 2	35	No
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197  Note, All Form 990 filers are required to complete Schedule O	38	Yes

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 9			ĺ
ь	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	2b	Yes	
	instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		No
ь	return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3h		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-50		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	42		
	account),	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	טכ		N o
	Prohibited Tax Shelter Transaction?	5c		140
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Nο
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		No
٠.	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
•	services provided to the payor? ,	/a		140
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		—
	file Form 82827	7c		No.
q	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No_
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
9 .	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
3	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			12022
		- +	orm 490	(2009)

Form	1990 (2009)			Page 6
Par	<b>**EVI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7 below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	b		
Se	ection A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body 1a 4	- 1		
ь	Enter the number of voting members that are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	1		
	evenue Code.)		,	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15-		N -
	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		No
·	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
- Sa	ection C. Disclosure	16b		No
17	List the States with which a copy of this Form 990 is required to be filed►MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the liene Sussman PhD	ne orga	nizatio	n ►
	1620 Tremont Street 3022 Roxbury Crossing, MA 02120 (612) 528 - 2016			

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

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

In Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule 1-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees. See instructions for definition of "key employee."
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

  There this box if the organization did not compensate any current or former officer, director, trustee or key employee.

Check this box if the organization did	1	sate an			or fo	rmer	office			T
(A) Name and Title	(B) Average hours	Posi t	tion (	che	)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Samuel Z Goldhaber MD President	15 00	X		х				0	0	(
John Fanikos RPh M8A Treasurer	10 00	х		х				0	0	C
Jawed Fareed PhD Vice President	10 00	×		х				0	0	(
llene Sussman PhD Exec Dir/Clerk	55 00	x		х				73,056	0	
Athur A Sasahara MD Director	10 00	х						0	0	(
					_				***************************************	***************************************
	<u> </u>			-	<del> </del>					

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	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.			
1			Yes	2
	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	m		S
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		°z
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	so.		° Z
ľŠ	Section B. Independent Contractors			
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B) Name and business address Description of services		(C) Compensation	ation
1				
1	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ₱0			

		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
3 183	1a	Federated campaigns 1a					
5	b	Membership dues 1b					1
Ž.	c	Fundraising events 1c					1
. 7	d	Related organizations 1d					
Ē	e	Government grants (contributions) 1e					l
	f	All other contributions, gifts, grants, and 1f	945,275				i
ē	١	similar amounts not included above -					
ō	g	Noncash contributions included in lines 1a-1f\$					
and other similar amounts	h	Total. Add lines 1a-1f	. , ▶	945,275			
	$\vdash$		Business Code				
Ē	2a	Program Fees		21,759	21,759		
Š	ь						
8	c						
S a	d						
Ø.	e					<del></del>	
Program Service Revenue	f	All other program service revenue					
Š.	g	Total. Add lines 2a-2f	>	21,759			
	3	Investment income (including dividends,					
		and other similar amounts)	. 🕨	12,706			12,7
	4	Income from investment of tax-exempt bond pro-	eeds , 🕨	0			1
	5	Royalties	, , , 🕨	0			
		(i) Real	(II) Personal				1
	6a	Gross Rents					1
	b	Less rental expenses					
	c	Rental income or (loss)					1
	d	Net rental income or (loss)	>	0			
		(i) Securities	(II) Other				
	7a	Gross amount 272,083 from sales of			-		1
		assets other than inventory					ł
	ь	Less cost or 270,750	***************************************				1
		other basis and sales expenses			l		1
	c	Gain or (loss) 1,333			l		1
	d	Net gain or (loss)	. ,	1,333			1,3
	8a	Gross income from fundraising events (not including					
		\$					
		of contributions reported on line 1c) See Part IV, line 18					
•		a a	30,306				
	ь	Less direct expenses b	19,161				
5	c	Net income or (loss) from fundraising eve		11,145			11,1
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activiti	es	0	Í		
	10a	Gross sales of inventory, less				***************************************	
		returns and allowances .					
	ь	a					
	C	Less cost of goods sold b	<b>&gt;</b>	0			
	<u> </u>	Net income or (loss) from sales of invent.  Miscellaneous Revenue	usiness Code	<u> </u>			<del> </del>
	11a						
	Ь						<del> </del>
							<del> </del>
	1	All other soughus					
	ļ	All other revenue					
	•	Total. Add lines 11a-11d ,	· · ·	0			
	12	Total revenue. See Instructions	. ▶				
	J .			992,218	21,759		25,1

	Section 501(c)(3) and 501(c)(4) organizations mus	t complete all	columns.		
	Il other organizations must complete column (A) but are not required to o	1	ns (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations	<b>-</b>	Lapenses	general septiment	Скрепосо
	in the U.S. See Part IV, line 21	0		]	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 $$	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	73,056	60,134	12,922	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	66,465	66,465	1	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			·····
9	Other employee benefits	- 0	<del></del>		<del>-</del>
10	Payroll taxes	13,090		1313	
18 11	Fees for services (non-employees)	13,090	11,8//	1,213	
			ļ		
a	Management	0			
ь	Legal	5,426		5,426	
c	Accounting	8,550		8,550	
ď	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0	<del> </del>		
f	Investment management fees	2,353		2,353	
9	Other	0	ļ		
2	Advertising and promotion	16,833	15,025	1,808	
3	Office expenses	0			
4	Information technology	0			
5	Royalties	. 0			
6	Occupancy	0			
7	Travel	87,212	81,031	6,181	***************************************
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	177,181	160,514	16,667	
0	Interest , , , , ,	0		1	
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	1,585		1,585	
3	Insurance	2,541		2,541	
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			2,341	**************************************
a	Postage and Shipping	8,615	5,634	2,981	
b	Outside Services	13,200		13,200	
c	Honorarium	9,500	9,500		
	Computer Support	9,574	4,402	5,172	
e	Accreditation	22,670	22,670	3,112	
	All other expenses	10,111	5,644	4,467	
5	Total functional expenses. Add lines 1 through 24f	527,962	442,896	4,467 85,066	
6	Joint costs. Check here ► rf following SOP 98-2	527,962	442,895	85,066	
-	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational				
	campaign and fundraising solicitation		1		

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		(2009)				Page <b>11</b>
	art X	Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		336,108	1	39,369
	2	Savings and temporary cash investments , .	_	741.093		1,291,908
	3	Pledges and grants receivable, net	•		3	0
	4	Accounts receivable, net	•		4	0
	5	Receivables from current and former officers, directors, trustees,	kay amployage and		•	
		highest compensated employees. Complete Part II of	key employees, and			
	_	Schedule L			5	0
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B). Complete Part II of	tion 4958(f)(1)) and			
ò		Schedule L			6	0
Assets	7	Notes and loans receivable, net			7	0
8	8	Inventories for sale or use , ,			8	0
⋖	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 7,92	:6		
	ь	Less accumulated depreciation ,	10b 2,76	5,131	10c	5,161
	11	Investments—publicly traded securities			11	0
	12	Investments-other securities See Part IV, line 11			12	784,076
	13	Investments-program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11	ļ	15	0	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,082,332	16	2,120,514
	17	Accounts payable and accrued expenses .		20	17	
	18	Grants payable			18	
	19	Deferred revenue			19	500,000
	20	Tax-exempt bond liabilities			20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule	n		21	
jabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Ë		persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		20	26	500,000
	1	Organizations that follow SFAS 117, check here > and comple	te lines 27			THE PERSON NAMED IN
ë		through 29, and lines 33 and 34.				
E L	27	Unrestricted net assets			27	
ä	28	Temporarily restricted net assets			28	
Fund Balances	29	Permanently restricted net assets			29	
or Fu		Organizations that do not follow SFAS 117, check here ► 57 and lines 30 through 34.	complete			
	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Assets	32	Retained earnings, endowment, accumulated income, or other fund		1,082,312		1,620,514
Net	33	Total net assets or fund balances		1,082,312		1,620,514
Z	34	Total liabilities and net assets/fund balances		1,082,332	34	2,120,514
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		1,002,332	34	2,120,014

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Form 990 (2009)

Part XI Financial Statements and Reporting

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its method of ancial statemer ancial statemer ancial statemer the organization in of its financial either its over eck a box belo parate basis, coronsolidated rd, was the org Circular A-133 on undergothe	I basis (1) anization require (2) required audit or and describe an	l basis F Bc anization required ?? required audit or al	w to indicate whether the financial statements for the ying both		il statements and selection sight process or selection	n have a committee that assu	nts audited by an independent a	nts compiled or reviewed by an	accounting from a prior year or	
Accounting method used to the organization's fina Were the organization's fina user the organization's fina sudit, review, or compilation of the organization changed Schedule O	3a As a result of a federal award, was the organization require Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe an	As a result of a federal award, was the organization req Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describ	r 2b, check a box below to indicate asis, separate basis, or both ☐ Consolidated basis	Schedule O	audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	Were the organization's financial statements audited by an independent accountant?	2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Accounting method used to prepare the Form 990 Jr. Cash J. Accrual J. Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493228001070 **SCHEDULE A Public Charity Status and Public Support** (Form 990 or 990EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Attach to Form 990 or Form 990-EZ. > See separate instructions. Name of the organization North American Thrombosis Forum Inc 20-4818196 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E ) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II ) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 11 and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv Is t organiza col (i) la your gov docum	he stion in sted in rerning	Que Did you norganiza col (i) col supp	otify the ition in of your	(v Is t organiza col (i) or in the	he ation in rganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
				-	-	-		-	
					_	-		+	
Total									

Provide the following information about the supported organization(s)

Sch	edule A (Form 990 or 990-EZ) 200						Page 2				
	Part II Support Schedule	e for Organiza	ations Describ	ed in IRC 170	(b)(1)(A)(iv)	and 170(b)(1	)(A)(vi)				
	(Complete only if y ection A. Public Support	ou checked the	box on line 5,	, or 8 of Part	(.)						
	endar year (or fiscal year beginning	1		T							
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do no include any "unusual	t	330,308	322,019	1,189,155	1,473,463	3,314,945				
	grants")					-					
2	Tax revenues levied for the										
	organization's benefit and either						0				
	paid to or expended on its				ſ						
3	behalf The value of services or facilities	<u> </u>	<del></del>	-			***************************************				
•	furnished by a governmental unit t	0					G.				
	the organization without charge						***				
	Total. Add lines 1 through 3		330,308	322,019	1,189,155	1,473,463	3,314,945				
5	The portion of total contributions										
	by each person (other than a governmental unit or publicly										
	supported organization) included	1					1,840,217				
	on line 1 that exceeds 2% of the										
	amount shown on line 11, column	1									
	(f)										
	Public Support. Subtract line 5 from	HI					1,474,728				
S	ection B. Total Support			<u> </u>							
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	beginning in)										
7											
8	Gross income from interest, dividends, payments received on										
	securities loans, rents, royalties		2,388	21,537	17,169	12,706	53,800				
	and income from similar		`	.							
	sources										
9	Net income from unrelated										
	business activities, whether or not the business is regularly						0				
	carried on			į.							
10	Other income (Explain in Part										
	IV ) Do not include gain or loss			-			6				
	from the sale of capital assets  Total support (Add lines 7										
11	through 10)			ı			3,368,745				
12	Gross receipts from related activit	ties, etc (See ins	tructions )			12					
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	third, fourth, or f	fth tax vear as a !		ation				
	check this box and stop here			,,,,			►F				
_											
14	ection C. Computation of Pu										
	Public Support Percentage for 200			11 column (r))		14	0 %				
15	Public Support Percentage for 200					15					
16a	33 1/3% support test-2009. If the	e organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%	or more, check t	his box				
h	and stop here. The organization qu 33 1/3% support test -2008. If th				n and the 15 to 2	12 1/20/	<b>▶</b> [""				
-	box and stop here. The organization				a, and me 15 is a	53 1/3% Of more,	Eneck this ▶				
17a	10%-facts-and-circumstances test	2009. If the org	anization did not o	heck a box on lin	e 13, 16a, or 16b	and line 14	-,				
	is 10% or more, and if the organization	ation meets the "	facts and circumst	ances" test, che	ck this box and st	op here. Explain					
	in Part IV how the organization me organization	ets the "facts an	d circumstances"	test The organiz	ation qualifies as a	a publicly support					
b	10%-facts-and-circumstances test	-2008 Ifthe are	anization did not e	hack a hav an im	. 12 16 . 16	. 4 7	<b>&gt;</b> [				
-	15 is 10% or more, and if the orga	mization meets th	ie "facts and circu	mstances" test	te 13, 100, 100, 0 theck this box and	t 1 / a and tine					
	Explain in Part IV how the organization	ation meets the "	facts and circumst	ances" test The	organization quali	fies as a publicly					
	supported organization						<b>&gt;</b> [				
18	Private Foundation If the organiza instructions	tion did not chec!	c a box on line 13,	15a, 16b, 17a o	r 17b, check this t	oox and see	- r				
							<b>&gt;</b>				

36	(Complete only if you ction A. Public Support				***************************************		
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	(f) Tota
	in)	(8) 2003	(8) 2000	(0)2007	(4)2000	(6) 200	(1)1018
1	Gifts, grants, contributions, and membership fees received (Do not		1		1		
	include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						İ
	performed, or facilities furnished in					1	
	any activity that is related to the			ŀ			
	organization's tax-exempt		1		1		Į
3	Gross receipts from activities that		-				
	are not an unrelated trade or						
	business under section 513				ļ		
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its				1		1
	behalf						1
5	The value of services or facilities						
	furnished by a governmental unit to				1	l	1
_	the organization without charge		+		<del> </del>	<del> </del>	
	Total. Add lines 1 through 5		+	<del></del>		ļ	
7a	Amounts included on lines 1, 2,		1		1	1	l
	and 3 received from disqualified persons		1		İ	1	
ь	Amounts included on lines 2 and 3				<b>———</b>		-
-	received from other than		1			1	
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the		.				
_	amount on line 13 for the year			<del> </del>	ļ	<del> </del>	
R	Add lines 7a and 7b  Public Support (Subtract line 7c	<del></del>	-	<del> </del>	<del></del>		
•	from line 6 )					Ì	
Se	ction B. Total Support						
aler	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	(n) Amounts from line 6						
j Da	Gross income from interest,						
, .	dividends, payments received on						
	securities loans, rents, royalties				ļ		
	and income from similar						
	sources						
b	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
1	Net income from unrelated						
	business activities not included						1
	in line 10b, whether or not the						1
2	business is regularly carried on Other income. Do not include						
-	gain or loss from the sale of		j				1
	capital assets (Explain in Part						1
	IV)						
3	Total support (Add lines 9, 10c, 11 and 12)						
4	First Five Years If the Form 990 is fo	r the organizati	on's first second	third fourth or	fifth tay year an a	501/c)/31-	i l
-	check this box and stop here	organizati	s msc, secone,	sinia, touttit, or	men tox year ds d	201(c)(2)0	rganization,
	ction C. Computation of Publ						
	Public Support Percentage for 2009			13 column (f))		15	
•	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
_							
Sec	ction D. Computation of Inve	stment Inco	me Percentag	e			
	Investment income percentage for 2				(f))	17	
		2008 Schedule	A, Part III, line 1			18	
В	Investment income percentage from						
B Da	33 1/3% support tests-2009. If the	organization did	not check the bo	x on line 14, and	l line 15 is more t	han 33 1/3%	and line 17 is no
B 9a	33 1/3% support tests—2009. If the more than 33 1/3%, check this box a	nd stop here. Ti	not check the bo ne organization qu	x on line 14, and alifies as a publi	l line 15 is more t cly supported	han 33 1/3%	and line 17 is no
a	33 1/3% support tests—2009. If the more than 33 1/3%, check this box a	nd stop here. Ti	ne organization qu	alifies as a publi	cly supported		

Page 4

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

	e GRAPHIC					
5CH	HEDULE D					OMB No 1545-004
Forr	n 990)	Suppler	mental Financial	Statements		2009
enertm	nent of the Treasury		he organization answere		•	Open to Public
	Revenue Service	► Attach	ert IV, line 6, 7, 8, 9, 10, 1 to Form 990. ► See separ	at e instructions.		Inspection
Nan	ne of the organi	zation			Emplo	yer identification number
Nort	h American Thromb	osis forum Inc			30-45	18196
Pa	rt I Organi	izations Maintaining Dono	r Advised Funds or	Other Similar Fu		
		ation answered "Yes" to Forn	n 990, Part IV, line 6.			
			(a) Donor a	lvised funds	(Ь	) Funds and other accounts
	Total number at					***************************************
		ributions to (during year)				
		ts from (during year)				
	Aggregate valu	,	L			
5	funds are the o	ation inform all donors and donor rganization's property, subject to	the organization's exclus	ive legal control?		Yes No
5	used only for c	ation inform all grantees, donors, haritable purposes and not for the irmissible private benefit				purpose <b>Tyes TN</b> e
Par	Conse	rvation Easements. Compl	ete if the organization	answered "Yes" to	Form	990, Part IV, line 7.
ı.		onservation easements held by t		that apply)		
		on of land for public use (e.g., rec	reation or pleasure)			ally importantly land area
		of natural habitat	1	Preservation of a c	ertified	historic structure
	Preservati	on of open space				
!		2a-2d if the organization held a ne last day of the tax year	qualified conservation co	ntribution in the form	of a con	
	<b>*</b>	f conservation easements		}		Held at the End of the Year
a					2a	
b	Total acreage	estricted by conservation easem	RUCE	I	2b	
_	Number of con-	countion ascoments on a cortific	d bretonie etwietine molini	tad (a /a)		
c		servation easements on a certifie			2¢	
d	Number of cons	servation easements included in (	c) acquired after 8/17/00	5	2d	
d	Number of cons	servation easements included in ( servation easements modified, tra	c) acquired after 8/17/00	5	2d	organization during
d	Number of cons	servation easements included in ( servation easements modified, tra	c) acquired after 8/17/00	5	2d	organization during
d 3	Number of cons Number of cons the taxable year	servation easements included in ( servation easements modified, tra	c) acquired after 8/17/00 nsferred, released, extin	guished, or terminate	2d	organization during
d 3	Number of cons Number of cons the taxable yea Number of stat Does the organ	servation easements included in ( servation easements modified, tra ir F	c) acquired after 8/17/00 nsferred, released, extin ervation easement is loc rding the periodic monito	oguished, or terminate	2d d by the	iolations, and
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If the organization of the taxable year.	servation easements included in ( servation easements modified, tra  es where property subject to cons ization have a written policy rega the conservation easements it hi teer hours devoted to monitoring, inness incurred in monitoring, insp servation easement reported on li rand 170(h)(4)(S)(ii)?  scribe how the organization report and include, if applicable, the tex is accounting for conservation ei izations Maintaining Colle- tee if the organization answer ion elacted, as permitted under S xIV, the text of the footnote to it one elacted, as permitted under S xIV, the text of the footnote to it one elacted, as permitted under S xIV, the rest of the footnote to it one elacted, as permitted under S ione sected, as permitted under S xIV, the rest of the footnote to it one elacted, as permitted under S ione sected in Form 990, Part VIII, li uded in Form 990, Part VIII, li uded in Form 990, Part X ion received or held works of art,	c) acquired after 8/17/00 insferred, released, extinuervation easement is located in the product of the periodic monito ids?  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It is form 990, FAS 116, not to report in held for public exhibition, is financial statements in FAS 116, to report in its for public exhibition, educems.	guished, or terminate ated — ring, inspection, hand conservation easements in equirements of section in the requirements of fine at the revenue and generation's financial ical Treasures, lits revenue stateme education or research in the revenue statement a cation, or research in their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar assets for their similar as	2d d by the d by the ents during of v during to expenses statement and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and but and	rolations, and Yes Noting the year >  FYes Note that year yes statement, and note that describes are Similar Assets.  Salance sheet works of herance of public service, one sheet works of art, ance of public service,

		(Form 990) 2009										Page
Pari	111	Organizations Maintaining Co	llections of Ar	t, Hi	stori	calT	reasu	es, or (	Othe	r Similar A	ssets	continued
3		the organization's accession and othe (check all that apply)	r records, check as	ny of t	he fol					se of its coilec	tion	
a	T P	ublic exhibition		d	Г	Loan	orexch	ange prog	rams			
ь	F s	icholarly research		e	Γ	O the	r					
c	ГР	reservation for future generations										
4	Provide Part >	de a description of the organization's co	ollections and expl	ain ho	w the	y furth	er the o	ganizatio	n's ex	empt purpose	ın	
5		g the year, did the organization solicit of is to be sold to raise funds rather than t								ilar	┌ Yes	□ No
Par	t IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Y	es" to Form	990,	
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	lian or other interm	ediar	for c	ontribi	utions o	other as	sets r	not	┌ Yes	□ No
ь	If "Ye	s," explain the arrangement in Part XII	and complete the	follo	ving t	able						
										Aı	mount	
c	Begir	nning balance							10			
d	Addit	ions during the year							1d			
e	Distr	butions during the year							1e			
f	Endir	ng balance							1f			
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, lu	ne 21	,						Yes	No
ь		s," explain the arrangement in Part XIV										
	rt V	Endowment Funds. Complete		n an	swere	ed "Ye	5" to F	orm 990	. Par	t IV, line 10.		
			(a)Current Year		)Pnor			Years Back		Three Years Back	(e)Four	Years Back
1a	Begin	nning of year balance		Ī								
ь	Contr	ributions										
c	Inves	tment earnings or losses					T					
d	Grant	s or scholarships							1			
e	O the	r expenditures for facilities							1			
	and p	rograms				·······	ļ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Admi	nistrative expenses		Ш.								
9	End o	fyearbalance		<u> </u>							<u> </u>	******************************
2	Provid	de the estimated percentage of the yea	r end balance held	as								
a	Board	designated or quasi-endowment	%									
b	Perm	anent endowment > %										
c		endowment ► %										
3a		nere endowment funds not in the posse:	ssion of the organi	zation	that a	are hel	d and ac	ministere	d for	the		
		zation by	•								Ye	s No
	(i) un	related organizations								За		
		lated organizations								3a		<u> </u>
b		s" to 3a(ii), are the related organizatio					٠.			3	ь	
4	_	ribe in Part XIV the intended uses of th										
POT	t VI	Investments—Land, Building:	s, and Equipme	ent.	7			7				
		Description of investment					or other estment)	(b)Cost o basis (o		(c) Accumulat depreciation		Book value
1a	Land											
b	Buildin	gs										
c	Leaset	nold improvements										
d	Equipn	nent							7,926	2	,765	5,16
e	Other										$\top$	
	1 1 1 1 1	ines 1a-1e (Column (d) should equal Fo	vm 990 Part Y coli	na n /£	Line	10(e)	1	*******************		· >		5,16

Schedule D (Form 990) 2009			Page :
Part VII Investments—Other Securities. See ( (a) Description of security or category		2. (c) Method of valuation	
(including name of security)	(b)Book value	Cost or end-of-year market v	alue
inancial derivatives			
losely-held equity interests			
ther			
	ĺ		
otal. (Column (b) should equal Form 990, Part X, col (8) line 12 )	784,075		
art VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) nescribtion of rosestment tabe	(a) book value	Cost or end-of-year market v	alue
- Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Address - Addr			
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		<del>                                     </del>	
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otal. (Column (b) should equal form 990, Part X, col (B) line 13 )	<u> </u>		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<del></del>
(a) Descrip	tion	(b) Book	73100
		1	
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otal. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)		
Part X Other Liabilities, See Form 990, Part X	. line 25.		
(a) Description of Liability	(b) Amount		
edera; Income Taxes			
TOURY AND USING LOACE			
***************************************			
1			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) 🖫			

_	tule D (Form 990) 2009  **EXI Reconciliation of C	hange in Net Assets from For	m 000	) to E	inancial Statemer	146	Page 4
1			111 990	/ 10 F	manciai Statemei	1 1	992,218
2	Total revenue (Form 990, Part					1 2	527,962
	Total expenses (Form 990, Par					3	464,256
3	Excess or (deficit) for the year						<del></del>
4	Net unrealized gains (losses) o					4	73,944
5	Donated services and use of fa-	cilities				5	<u> </u>
6	Investment expenses					6	ļ
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add is	nes 4 - 8				9	73,944
10	Excess or (deficit) for the year	per financial statements. Combine lin-	es 3 and	19		10	538,200
Pari	XIII Reconciliation of R	evenue per Audited Financia	State	men	s With Revenue p	er Re	eturn
1	Total revenue, gains, and othe	r support per audited financial statem	ents .			1	1,172,194
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
a	Net unrealized gains on invest	ments	L	2a	73,944		
b	Donated services and use of fe	acilities		2b	86,870		
c	Recoveries of prior year grants		. [	2c			
d	Other (Describe in Part XIV)		[	2d		ĺ	
e	Add lines 2a through 2d .					2e	160,814
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	1,011,380
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
a	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. L	4a			
b	Other (Describe in Part XIV)			4b	-19,162		
¢	Add lines 4a and 4b		,			4c	-19,162
5	Total Revenue Add lines 3 and	d <b>4c.</b> (This should equal Form 990, Pa	rt I, line	12)		5	992,218
Part	XXXI Reconciliation of E	xpenses per Audited Financia	al Stat	emer	its With Expenses	per	
1	Total expenses and losses per					1	633,994
2	statements	t not on Form 990, Part IX, line 25					
۷ a	Donated services and use of fa		1	2a	86,870		
b		crities		2b	00,870		
c	Prior year adjustments			2c			
ď	Other losses Other (Describe in Part XIV)			2d	19,162		
			(	20	19,102	-	106,032
е 3	Add lines 2a through 2d Subtract line 2e from line 1 .					2e 3	527,962
4		D, Part IX, line 25, but not on line 1:				-3-	327,902
a		ided on Form 990, Part VIII, line 7b	1	4a			
b	Other (Describe in Part XIV)		٠.,	4b			
c	Add lines 4a and 4b		(	45		4c	
-		d 4c. (This should equal Form 990, Pi	net T lie			5	527,962
	XIV Supplemental Inf		B1 L 2, 1(1)	e 10 )			327,902
Com	plete this part to provide the des	criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part X					
	Ident if ier	Return Reference	Т		Explanat	ion	
Part 2	(III, Line 2d	Part XIII, Line 2d Other expenses	Fundra	ising r	evenue reduced by exp		\$19162
		and losses per audited F/S					

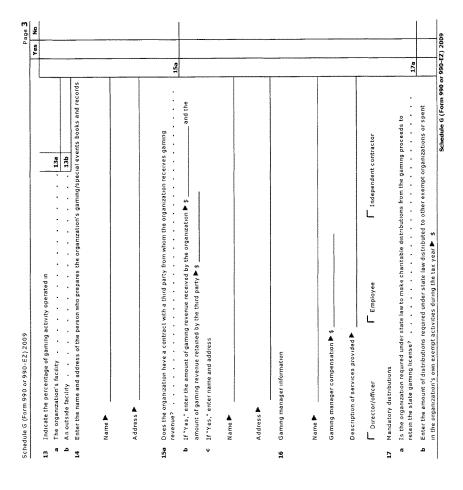
Schedule D (Form 990) 2009

DLN: 93493228001070 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE G Supplemental Information Regarding OMB No. 1545-0047 (Form 990 or 990-EZ) Fundraising or Gaming Activities 2009 Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization North American Thrombosis Forum Inc Employer identifica Part 1 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e | Solicitation of non-government grants | Solicitation of government grants | Solicitation of government grants | Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Γ Yes Γ No b If "Yes," first the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (iii) Did fundraiser have (v) A mount paid to (or retained by) fundraiser listed in col (i) (vi) A mount paid to (i) Name of individual or entity (fundraiser) custady or control of (iv) Gross receipts (iii) Activity (or retained by)
organization from activity contributions? Yes No

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

	rt II Fundraising Events. Com more than \$15,000 on Form						age <b>2</b> ed
		(a) Event #1 Dinner and Auction	(b) Event #2	(c) Other Events	(d) Tot (Add cal		
do		(event type)	(event type)	(total number)			
ž	1 Gross receipts	30,306	5	ļ		30	,306
Revenue	2 Less Charitable contributions						
	3 Gross income (line 1 minus line 2)	30,306	5			30	,306
	4 Cash prizes						
	5 Non-cash prizes						
3965	6 Rent/facility costs						
Direct Expenses	7 Food and beverages	1,022					1,022
£2	8 Entertainment	1,01			<u> </u>		1,015
ĕ		***************************************		<del>                                     </del>	+		
_	9 Other direct expenses .	17,124	1	1	<del> </del>		7,124
	10 Direct expense summary Add lin					19	,161
	11 Net income summary Combine II			>			1,145
Par	ft III Gaming. Complete if the or \$15,000 on Form 990-EZ, hi		"Yes" to Form 990, Pa	irt IV, line 19, or repo	orted mor	e than	1
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
	1 Gross revenue	*****					
S	2 Cash prizes ,						
JS6		***************************************			<del> </del>		
Xpe Xpe	3 Non-cash prizes						
Direct Expenses	4 Rent/facility costs						
D E	5 Other direct expenses						
	6 Volunteer labor	Γyes %	「 Yes%	Γyes %			
	a volunteer labor	□ No	□ No	□ No			
	7 Direct expense summary Add line	2 through 5 in column (	4)				
	8 Net gaming income summary Com	bine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9	Enter the state(s) in which the organiza	tion operates gaming ac	tivities		[	1.00	
а		gaming activities in eac	h of these states?		. 9a		
ь	If "No," Explain						
					$\Box$		
10a b		icenses revoked, susper	nded or terminated during	the tax year?	10a	-	
	***************************************	· · · · · · · · · · · · · · · · · · ·					
11 12	Does the organization operate gaming : Is the organization a grantor, beneficia				11	$\vdash$	
	formed to administer charitable gaming				. 12		
				Schedule G (Form		EZ) 20	09



Schedule O (Form 990) 2009

OTHER PROGRAM SERVICES 4 Various other programs including collaborative and outreach efforts, residual and immaterial expenses from prior year programs and activities with relatively lower costs when compared to current activities

Cat No 51056K

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990, Part III, Line 4d Other Program Services Description

Form 990, Part III, Line 4d

efile GRAPH	efile GRAPHIC print - DO NOT PROCESS	As Filed Data - DLN: 93	DLN: 93493228001070
SCHEDULE O		Supplemental Information to Form 990	2008 No 1545-0047
Department of the Treasury Internal Revenue Service	·	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  Attach to Form 990.	Open to Public Inspection
Name of the organization North American Thrombosis Forum Inc	anizat ion mbosis Forum Inc	Employer identification number 20-4818196	ation number
Identifier	Return Reference	Explanation	
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon wirtten request	st policy and
Form 990, Part VI, Line 15b	Form 990, Part Vi, Line 15b Vi, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation is review ed and approved by the Board of Directors	
Form 990, Part VI, Line 12c	Form 990, Part   Form 990, Part VI, Line 12c   Explanation of Montoring and Enforcement of Conflicts	The Board of Directors established the conflict of interest policy in 2008. They are in the process of developing a review process.	2008 They are in
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The organizations financial statements and Form 990 are prepared by an independent certified public accountant. A different independent certified public accountant conducts an independent audit. The Board of Directors reviews the Form 990 and audited financial statements prior to filling.	by an independent accountant e Form 990 and

# **Additional Data**

Software ID:

Software Version:

**EIN:** 20-4818196

Name: North American Thrombosis Forum Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

I OTHER 2007, Part LAN STREETHINGTON I WINCHOLD EARLY AND EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EARLY EA	T COCHOCA T	T	PC::25	
Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Postage and Shipping	8,615	5,634	2,981	
Outside Services	13,200		13,200	
Honorarium	005'6	005'6		
Computer Support	9,574	4,402	5,172	
Accreditation	22,670	22,670		

## FOOTNOTE 9

From: Sent: To: Subject:

Caro, James PH/US Saturday, April 04, 2009 12:52 PM Racine, Eric PH/US NATF

The NATF meeting was a huge success with important implications for our Lovenox and FOB strategies. Paul Kim did an excellent job briefing NATF on legislation and was asked by Goldhaber to provide ongoing advice and support. EMEA and ISTH LMMH guidelines finalized and "endorsed" by NATF. Dr Rao charged with preparing a communication to FDA expressing NATF concerns re generic LMWH

From: Agos, John PH/US Sent: Wednesday, May 06, 2009 12:23 PM Caro, James PH/US To: Subject: Re: Status of Article From Nov Roundtable Ok Chuck n I flew in this am n he is planning to touch base with vic on this ad board He has a mtg with dr yannacelli today to plan the strategy John Sent from my BlackBerry Wireless Handheld From: Caro, James PH/US To: Agos, John PH/US Sent: Wed May 06 06:51:33 2009 Subject: Re: Status of Article From Nov Roundtable Let's plan a quick follow up w Chuck We need to keep Vic and especially NATF on task for the FDA communication. Also, we have not yet resolved the Ad Board issue. From: Agos, John PH/US To: Caro, James PH/US Sent: Wed May 06 05:55:54 2009 Subject: Fw: Status of Article From Nov Roundtable It was great to hang out in NC with you last night I thought we moved Vic more towards the policy side and he has a strong interest to learn more How should we proceed for our next steps John Sent from my BlackBerry Wireless Handheld From: Charles A. Carter To: Agos, John PH/US
Cc: Caro, James PH/US; Charles A. Carter Sent: Tue May 05 21:47:54 2009 Subject: Re: Status of Article From Nov Roundtable Nice sent by my iPhone

On May 5, 2009, at 9:19 PM, "John.Agos < John Agos wrote: Just fyi And interesting timing Sent from my BlackBerry Wireless Handheld ---- Original Message ---From: Dr. David Eubanks
To: Philip Marcus, MD, FCCP
Cc: Agos, John PH/JVS; Sydncy R Parker
Sent: Tue May 05 18:29:45 2009
Subject: Status of Article From Nov Roundtable Victor F Tapson Dear Phil and Vic, I trust you both are doing well and enjoying nice Spring weather. We realize that you're very busy but its been 6 months and we need to wrap of the article from the Clinical Round Table (CRT) at CHEST as quickly as possible.

I understand there has been some disagreement as to the conclusions that were reached at the CRT so we need guidance on how to proceed. Please contact Sydney tomorrow, if possible, with a status update so we may inform the supporter of when to expect completion of this important project. important project. As always your cooperation is appreciated. Sincerely, Dave David H. Eubanks, EdD, RRT, FCCP(Hon) Senior Vice President <u>American College</u> of Chest Physicians . 60062 Office Phone Cell Phone Fax

FOOTNOTE 10

From: Boyd, Noelle PH/US

Sent: Tuesday, January 26, 2010 5:23 PM

To: Caro, James PH/US; Racine, Eric PH/US

Cc: Barrett, Susan PH/US

Subject: ISTH Quote in the press release

#### Jim and Eric

We received some feedback from HP Spek on the press release for the substitutable scenario. He has asked that we make the quote come from Dr. Harenberg from ISTH (rather than JP Lehner). My thought is that we don't want to have someone from NATF quoted in our company press release because they soc credibility with the FDA, but let me know your thoughts on this and the ISTH quote. Susan and I spoke about it and we think it might be good because we bring the element of the EMEA position on biosimilars to strengthen our position. Joelle has already gotten approval from Dr. Harenberg on below.

"Prevention and treatment of thrombo-embolism is a major public health issue," said Professor Job Harenberg, MD, Professor of Medicine at the Faculty of Clinical Medicine Mannheim, University of Heidelberg and Chairman of the Subcommittee on Control of Anticoagulation of the ISTH\*. "There are important challenges in demonstrating therapeutic equivalence of a complex biological product such as Lovenox® without direct comparative clinical trials to assess efficacy, and even more importantly safety. This is what we have explained in our Consensus recommendation on biosimilars for LMWH¹. Physicians and patients need to remain fully confident that when they use enoxaparin they will have consistent access to the highest quality products to treat such life-threatening conditions."

Noelle Boyd Sr. Director, U.S. Communications

anofi-aventis

Bridgewater, NJ 08807

Direct

Fax:

SA-SFC-0000255

From: Greissing, Edward PH/US

Sent: Sunday, November 22, 2009 4:52 PM

Racine, Eric PH/US To: Subject: RE: ASH PR plan

Thanks for passing on we can discus later today or tomorrow ( which is just fine—enjoy a Sunday with your family)

From: Racine, Eric PH/US

Sent: Sunday, November 22, 2009 11:43 AM To: Greissing, Edward PH/US Subject: Fw: ASH PR plan

From: Barrett, Susan PH/US

To: Boyd, Noelle PH/US
Cc: Buffington, Lisa A. PH/US; Racine, Eric PH/US

Sent: Sun Nov 22 11:33:43 2009

Subject: ASH PR plan

Noelle, thank you for your follow up on this issue, this was exactly my thought in requesting the update for the PR plan for ASH. I have copied Eric on this email as well since there are 2 issues that we will dealing with at ASH if there is a generic launch. The first is professional understanding of the difference between substitutable and non-substitutable products; the second is the significance of the event on Lovenox and sanofi-aventis.

Eric is beginning to work on an educational program to address the first issue and may be able to provide very helpful input to the content and spokespersons that would be effective for the PR plan. To address the second issue I would recommend that we add Sam Goldhaber to the list of individuals who are media trained as he is head of NATF which was the primary association providing a public position on FOBs.

I would also like to recommend a conference call for the PR team with Eric and I next week to discuss and facilitate finalization of the plan. Please let me know your thoughts when you get a chance.

I would also ask if we could keep the email distribution somewhat limited while we work out these details to give us the flexibility of considering a couple of ideas before we communicate the final plan to the senior management team.

Thanks. Susan

From: Boyd, Noelle PH/US

Sent: Sunday, November 22, 2009 11:20 AM

To: Barrett, Susan PH/US

Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US; Cox, Jack PH/US; Durso, Jerome PH/US; Irace, Gregory

PH/US

Subject: RE: M-Enoxaparin Coverage - AP and Reuters

Susan.

If a generic is approved between now and ASH, there could be a significant amount of media coverage at the

meeting. At the very least, the generic enoxaparin news will be covered in articles that include the Riva meeting. At the very least, the generic enoxapatin news will be covered in aniciass that include the Rival EINSTEIN or other VTE data from the meeting that is newsworthy. Since C. Viehbacher and Corporate are now recommending a press release following approval of a generic, our hopes are that this will help us control the media message in the few weeks post-approval and during ASH. We will also have the approved standby statement and Q&A if we get any media inquiries.

We should also conduct media trainings immediately post approval with 1-2 external KTLs, so that when we are asked by on- or offsite media, we can offer an interview with a thoughtleader (Jerry and Paul Chew will also be media trained, so we can use them should a reporter want a company perspective). We recommend that Dr. Deitelzweig and Dr. Merli be media trained. Dr. Deitelzweig because we will be conducting proactive media outreach around his data presentation and he will need to be prepared to respond appropriately in any media interviews, and Dr. Merli because we know that he feels strongly about this issue in terms of patient safety. I welcome your feedback on other physicians who might have a strong opinion of FOBs. We do, however, recommend waiting until an FDA action on an approval to media train any external spokespeople, since the issue is sensitive, and we don't want to draw more attention to it externally if it does not occur.

I will follow-up with you to make sure you are in agreement with this strategy.

-Noelle

From: Barrett, Susan PH/US

Sent: Friday, November 20, 2009 8:30 AM To: Boyd, Noelle PH/US; Durso, Jerome PH/US; Irace, Gregory PH/US Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US; Cox, Jack PH/US

Subject: Re: M-Enoxaparin Coverage - AP and Reuters

Our planning for this event, as you know, is being finalized.

As part of the communications plan, can you please forward your recommendations on what we should be prepared to do around ASH if anything on this.

Thanks

From: Boyd, Noelle PH/US

To: Durso, Jerome PH/US; Barrett, Susan PH/US; Irace, Gregory PH/US Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US; Cox, Jack PH/US

Sent: Fri Nov 20 07:26:54 2009

Subject: M-Enoxaparin Coverage - AP and Reuters

Please be aware that two articles from the Associated Press and Reuters report that Momenta stock has risen after Oppenheimer analyst, Bret Holley, said that he expects that a ruling on M-Enoxaparin will come soon. No direct timeline was given in either story. Full articles are below.

We are monitoring, and would recommend that if we get significant pick-up of either wire article, we distribute a voicemail to the home office and field reminding people that no FDA action has taken place, and please stay

Additionally, we think that because AP and Reuters - both very credible news sources -- are covering this, we should be ready for an action today if not next week.

Jerry, I will call you on your cell to discuss

AP, "Analyst upgrades Momenta, saying he expects approval for generic clotting drug M-Enoxaparin"

Shares of Momenta Pharmaceuticals Inc. rose Thursday after an analyst upgraded the stock, saying Momenta will soon receive marketing approval for its version of the anti-clotting drug Lovenox. Momenta expects the Food and Drug Administration to make a ruling on its generic, called M-Enoxaparin, by the end of this year. Oppenheimer analyst Bret Holley agreed that ruling will come soon, and he thinks the agency will approve Momenta's version, along with a competing generic made by Teva Pharmaceutical Industries Ltd. Holley raised his rating on the stock to "Outperform" from "Perform," and set a price target of \$15 per share. In afternoon trading, Momenta shares picked up 60 cents, or 5.6 percent, to \$11.26. Momenta is seeking to market M-Enoxaparin through a partnership with Novartis AG's Sandoz division.

Reuters, "UPDATE 1-RESEARCH ALERT -Oppenheimer raises Momenta"

Oppenheimer & Co upgraded Momenta Pharmaceuticals Inc to "outperform," saying it expects the company's clot-prevention drug to get approval from the U.S health regulators. The experimental drug, M-enoxaparin, which has been pending approval for over four years, is a generic form of Sanofi-Aventis' Lovenox. Momenta's key competitor, Teva Pharmaceutical Industries, also has a drug application pending for a generic version of Lovenox. Analyst Bret Holley said the U.S. Food and Drug Administration (FDA) will either approve both Momenta and Teva's generics, or will only approve Momenta's drug.

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From: Greissing, Edward PH/US Thursday, January 28, 2010 6:17 PM Sent: Racine, Eric PH/US; Boyd, Noelle PH/US; Caro, James PH/US To: Buffington, Lisa A. PH/US Subject: Re: WSJ ad on Lovenox generic Please no more emails - just meet From: Racine, Eric PH/US To: Boyd, Noelle PH/US; Greissing, Edward PH/US; Caro, James PH/US Cc: Buffington, Lisa A. PH/US Sent: Thu Jan 28 13:13:12 2010 Subject: RE: WSJ ad on Lovenox generic Noelle- this was not a request of ours to Dezenhall. Jim and I spoke and confirmed this fact. We have a call to Dezenhall to understand why they did this. Eric From: Boyd, Noelle PH/US
Sent: Thursday, January 28, 2010 12:57 PM
To: Greissing, Edward PH/US; Caro, James PH/US; Racine, Eric PH/US Cc: Buffington, Lisa A. PH/US Subject: RE: WSJ ad on Lovenox generic I think it's a good idea to meet face-to-face, just to make sure we're clearer on what we need to disclose to each other, etc. I do think we've been better with communications, but this did throw me off a bit. Thanks, Ed and I'm available tomorrow at several points, but I'm guessing next week will be better for everyone for a meeting. If you let me know availability, I will ask Best, N From: Greissing, Edward PH/US Sent: Thursday, January 28, 2010 12:50 PM
To: Boyd, Noelle PH/US; Caro, James PH/US; Racine, Eric PH/US
Cc: Buffington, Lisa A. PH/US Subject: Re: WSJ ad on Lovenox generic Coordination of all aspects of any project we work on requires disclosure and. Collaboration. Let's not let great efforts be slowed or hurt.. Can we meet face to face as soon as possible to get this right Thanks Ed

From: Boyd, Noelle PH/US
To: Caro, James PH/US; Racine, Eric PH/US
Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US
Sent: Thu Jan 28 12:45:13 2010
Subject: FW: WSJ ad on Lovenox generic Hi Jim and Eric, I wasn't aware that Dezenhall was reaching out to reporters with the NATF advertorial. This would have been really good to know in advance of getting an inquiry from a reporter. I'm a little concerned about how this activity by an agency of ours can be perceived by media, in terms of any s-a involvement in this activity. Can you please let us know who they have reached out to regarding this? Jim, I'm going to call you in a bit to discuss further. Thanks, Noelle From: Jessica Coomes Sent: Thursday, January 28, 2010 12:00 PM To: Boyd, Noelle PH/US Subject: Fw: WSJ ad on Lovenox generic Hi, Noelle. Matt Berger at Denzenhall sent some information regarding the WSJ ad yesterday on a potential Lovenox generic. I had a follow up question for him, and he directed me to you. Here's what I asked: Does Sanofi have a comment on how biosimilars should be approved safely, given their differences from traditional drugs? Thanks for your help. I write for the Daily Health Care Report at BNA in Washington. Jessica Coomes Jessica Coomes | BNA | ---- Forwarded by Jessica Coomes/BNA inc on 01/28/2010 11:58 AM -Matthew Berger To Jessica Coomes 01/28/2010 11:52 AM Subject RE: WSJ ad on Lovenox generic

Jessica-

I am not a spokesman for Sanofi on this. I would recommend you contact Noelle Boyd in Sanofi's corporate communications office. Her number is

But I want to make sure you know this is the latest in a series of concerns being raised about the safety of follow-on

	sists Association and the American Association of Clinical Endocrinologists. months, raising those concerns to the FDA and the media.
Please let me know if you have any questions, ar	nd I would love to see anything BNA runs on this.
Thanks, Matt	
From: Jessiea Coomes Sent: Thursday, January 28, 2010 11:45 AM To: Matthew Berger Subject: RE: WSJ ad on Lovenox generic	
Hi, Matt. Since you're working specifically on be approved safely, given their differences from transport.	chalf of Sanofi, does Sanofi have a comment on how biosimilars should be ditional drugs?
Thanks, Jessica	
Jessica Coomes   BNA	
Matthew Berger	
01/27/2010 01:33 PM	To Jessica Coomes
	Subject RE: WSJ ad on Lovenox generic
T	
Jessica-	
Thanks for the email.	
I think your questions would best be addressed to	o NATF. You can reach Ilene Sussman, the executive director, at
We are working on behalf of Sanofi.	
Let me know if you need anything else.	
Best, Matt	

## 174

Dana-

I wanted to make sure you saw the ad in today's U.S. Eastern edition of the Wall Street Journal. As you probably know, the word on the street is that the FDA is close to approving a generic copy of the anti-clotting drug Lovenox. The ad, from the North American Thrombosis Forum, calls for the FDA to require clinical trials for biosimilars for safety and efficacy before approval, because of their complexity and difference from conventional pharmaceuticals. It specifically refers to anti-clotting drugs like the one Novartis is working on.

The ad is significant because it comes from a group of scientists, doctors and patients interested in thrombosis, but yet concerned that drugs without proper safety testing could come onto the market.

I have attached a PDF of the ad, which is on D2 of the U.S. Eastern edition. Please let me know if you have any questions.

Best, Matt

> Matthew E. Berger Account Supervisor Dezenhall Resources, Ltd. Washington, DC 20036 - Office

- Cell

- Fax
www.dezenhall.com [attachment "FDA docs.pdf" deleted by Jessica Coomes/BNA Inc]

# FOOTNOTE 11

Racine, Eric PH/US Wednesday, July 22, 2009 7:12 PM Caro, James PH/US From: Sent: Subject: Re: Grassroot and Orthopods and Canada The #1 question below is about membership grassroot...members voicing their concerns...NATF, SHM, etc....please investigate....I heard that some groups send 100-200 letters on a specific issue.... ---- Original Message ---From: Caro, James PH/US
To: Racine, Eric PH/US
Sent: Wed Jul 22 15:07:58 2009
Subject: RE: Grassroot and Orthopods and Canada

Eric,
1. NATF has been engaged with this issue. This organization intends to contact FDA to express its position and concerns re patient safety associated with "generic" enoxaparin applications. The docket # will be included in this communication. NATF is planning to request a meeting with FDA.
2. I have not yet investigated or approached the orthopedic surgery groups 3. I have not been able to identify any reports of Canadian experience eith generic enox. Still looking. Jim

James Caro, RPh, MBA Senior Director US Policy and Strategic Advocacy Sanofi-Aventis Washington, DC 20004

----Original Message---From: Racine, Eric PH/US
Sent: Wednesday, July 22, 2009 2:51 PM
To: Caro, James PH/US
Subject: Grassroot and Orthopods and Canada

Jim- please let me know your thoughts on association(s) doing grassroot on FOB as discussed with Paul Chew. Timing is important. Also, how about ortho folks? Lastly, have you followed with Canadian experience of pulling generic off markket?

 $\bigcirc$ 

SA-SFC-0000306