

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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,"			
2	complete Schedule A	1_	<u> X</u>	
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	١. ١		v
5	•	4_		<u> </u>
J	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	_	İ	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	5		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>–</b>		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	۲	-	- 12
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		l	
	complete Schedule D, Part IV	9	]	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	х	
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	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	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		X
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1 1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		- 1	7.
	Schedule J	23		<u> </u>
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		i	v
	24b-24d and complete Schedule K. If "No," go to question 25.	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	$\dashv$	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	$\dashv$	
d 252	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	120	-+	
J	person from a prior year? If "Yes," complete Schedule L, Part I	25b	- 1	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		$\dashv$	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	<del></del>	+	
••	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	-	X
	programme delivered by the complete contract of the contract o		aan ,	

## 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 J-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 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.
- 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.

(A)	(B) Average hours per week		(C) Position (check all that apply)					(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title			<u> </u>					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
MITCHELL D.		x		x				0	0	0	
PRESIDENT PHILIP DARNE	N MD MGC			^		+		U	U.	<u> </u>	
PAST PRES.	1, MD, MSC	x		x				o	o	0	
MARK NICHOLS		1	<del>                                     </del>		_	<del>                                     </del>	<del>                                     </del>				
PRES. ELECT	1	$ \mathbf{x} $		$\mathbf{x}$				o	o	0	
	IAM, MD, MPH			<u> </u>	F						
SECRETARY	1	X		x	ŀ			l o	0	0	
	RRA, MD, PHD										
TREASURER	1	x		Х	<u> </u>			0	0	0	
JAMES TRUSSE	LL, PHD				l						
AT LARGE MEM	1	X		<u> </u>			<u> </u>	0	0	0	
BRYNA HARWOO	D, MD, MSC									_	
AT LARGE MEM	1	X		<u> </u>		<u> </u>	<u> </u>	0	0	0	
LAWRENCE FIN	_ ·		ĺ							•	
AT LARGE MEM	1	X		<u> </u>	<u> </u>	-	_	0	0	0	
NIKKI ZITE,		l	ŀ							0	
AT LARGE MEM	1	X	<u> </u>	<b> </b> -	<u> </u>	<u> </u>	<u> </u>	0	. 0	0	
	KOFF, MD, MPH							o	o	0	
AT LARGE MEM	1	X	<del> </del>	<del> </del>	<u> </u>	-			- 0	<u> </u>	
MARJI GOLD, CHAIR MBR CO	1	x	}					o	اه	0	
TESSA MADDEN	MD 1	^	<u> </u>	├	┝	<del> </del>	┢				
JR FELLOW RP	1	x						ol	o	0	
EVE ESPEY, N		A				+		<u>_</u>			
CHAIR BYLAWS	1	x						ol	o	0	
CHAIR DILLAND		1									
		$oxed{oxed}$				<u> </u>					
····		-	-			$\vdash$					
	1	1	i	ı	ı	1	ı	,			

		· · · · · · · · · · · · · · · · · · ·	<del> </del>
			 <del></del>
			•
2	Total number of independent contractors (including those in 1) who rec		
-	compensation from the organization ▶	 0	
ΔΔ			Form 990 (2008)