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Form **990** 

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Open to Public

Inten	nal Rever	nue Service		The organization n	nay have	to use a co	opy of this return	n to satis	ity state rep	orting req	uirements	Inspec	tion
<u>A</u>	For th	ne 2008 ca	alendar	year, or tax year					nd ending	Aug	ust 31	, 20 09	
В	Check if a	applicable	Please	C Name of organiza				r Medica	al Society		D Employ	er identification	on number
	Address	s change	use IRS label or		As Alpha	omega.	Alpha				36	6082	2049
	Name c		print or type.	Number and street	(or PO box	if mail is not o	delivered to street add	iress)	Room/suite	į	E Telepho	one number	
	nitial re		See	525 Middlefiel	d Roa <u>d,</u>				13	30	(650)	329-0	291
_	Termina		Specific Instruc-	City or town, star	te or count	ry, and ZIP	+ 4						
		ed return	tions	Menlo Park, C	A 94025	i	_				G Gross re	ceipts \$	410,891
		on pending	F Nar	me and address of p	nncıpal offi	icer				H(a) Is this	s a omun retum	for affiliates? Y	es V No
	<b>PP00</b>	on ponumy										ncluded? U	_
ī	Tax-ex	empt status	[]	501(c) ( 3 ) <b>⊲</b> (insert	t по.)	4947(a)(1)	or 🗍 527					list (see instru	
J	Websi	ite: ► ww		haomegaalpha.						1	exemption nun		1500
				oration Trust As		Other ▶		L Year	of formation	1903	<del></del>	legal domicile	
	irt I	Summ					<del></del>						
				the organization		on or mo	at algorificant a	otu ilti oo	. Awards	certifica	tes and k	eys to new	member
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õ				ically related an								, p	
Га	'		111111111111111111111111111111111111111	roung related at		u quarto							·
Activities & Governance		Charle the	 	☐ If the organizat	tion discor	atinuod ite o	poratione or dier	ocod of r	more than 26	06 of its a	ccote		
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ē	1			nd grants (Part \					I		312,028 134,525	<u> </u>	,199,820
Revenue				e revenue (Part \			: • •_ • •		· ·				115,017
€				ome (Part VIII, co					· ·	(3	560,212)		903,946)
				(Part VIII, columr add lines 8 throug					121		886,341		410 001
_	t								12)		000,341		410,891
				ılar amounts paı					· ·				
S	I			or for members							513,335		545,618
Expenses	1			ompensation, em	-	-	•	-			313,333		343,010
xpe				idraising fees (Pa			•		·				
ш			_	g expenses (Part I			•	• • • • • • • • •			250 642		400 500
				(Part IX, colum							258,643		,196,569 742,497
				. Add lines 13-1				A), line 2	:5)		771,978		,742,187
ro Ses	19	Hevenue I	iess ex	penses. Subtract	line 18 f	rom line 1	<u>2</u>		•		385,637)		331,296)
ts o										Beginning	<del></del>	End of	
Sse	20		-	art X, line 16).					· ·		151,474		,211,826
Net Assets Fund Balanc	21			Part X, line 26)				· · ·	· ·		612,276		,003,924
	22 Itt			und balances. Su	ubtract II	ne ZT Iroi	n line 20	<del></del>		0,	539,198		,207,902
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				ue, correct, and comp									
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		Preparer's			4	I AP	R 2 2 2010	IRS-OS	self-		see instruct	ientifying numbe ions)	ii
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ıvıa	y tne I	INS discu	uss this	s return with the	prepare	r snown a	adove? (see in	struction	15) .			. UYes	s ∐ No

Form **990** (2008)

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission.  Recognize outstanding medical students and support programs that uphold high professional standards in the medical profession.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
4a	(Code ) (Expenses \$ 434,249 including grants of \$ ) (Revenue \$ ) The Pharos - a quarterly journal publishing non-technical papers that address issues in medicine mailed to approximately 45,000 members.
	100.074
4D	(Code:) (Expenses \$ 428,971 including grants of \$) (Revenue \$)  Awards: Student Research Fellowships (approximately 50) - \$273,912  Student essay awards. medical student service projects - \$ i3,i70  Distinguished teacher awards - \$78,861  Professionalism awards - \$63,028
4c	(Code. ) (Expenses \$ 136,272 including grants of \$ ) (Revenue \$ )
	Visiting Professorships - AOA pays for selected professors to visit chapters at medical schools to meet with students
	and deliver lectures on subjects of medical interest.
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 247,209 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ \$ 1,246,701 (Must equal Part IX, Line 25, column (B).)

Par	rt 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?.	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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_		
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 I	6_		√
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		1
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 IV	9	-	✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40	,	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 13	<b>✓</b>	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		7
14a		110		
b 45	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	<del>- ,</del>	✓
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		1
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
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		✓
19	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		<b>√</b>
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		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
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	24a		1
_	24b–24d and complete Schedule K. If "No," go to question 25.	24b		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- :-		Ť
C	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	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		1
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		1
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		1
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		1

Part IV	Checklist (	of Required	Schedules	(continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	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		<b>√</b>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		√
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		✓
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		1
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		✓
34	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		1
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		1
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		✓
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		<b>√</b>

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	✓	<b></b> ,
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 6	2b	1	
	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		1
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?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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?	5с 6а		1
	Did the organization solicit any contributions that were not tax deductible?	oa		- <b>V</b>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 <u>a</u>		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		,
	benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	4
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>-</b>	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1	
	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		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			_
а	Did the organization make any taxable distributions under section 4966?	9a		-√
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
	initiation loss and suprair solutions included on that vin, into the terms of the t			
	dioss receipts, included on 1 orm 550, 1 art vin, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	dioss income from members of shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

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	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	and other officers diseases to the control of the c	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
		4		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		1
6	Does the organization have members or stockholders?			
/a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		1
	of the governing body?	7b		1
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>''</u>		<b>-</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	1	ŀ
	The governing body?	8b	1	
	Each committee with authority to act on behalf of the governing body?	9a	1	
	Does the organization have local chapters, branches, or affiliates?	3a		
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?	9b	1	
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	<b>1</b>	
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		✓
Sec	tion B. Policies			·
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No, go to line 13	12a	4	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	<b>√</b>	
14	Does the organization have a written document retention and destruction policy?	14	√	
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.			
а	The organization's CEO, Executive Director, or top management official?	15a	✓	
	Other officers or key employees of the organization?	15b	√	
-	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		1
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
U	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	2(3)s	onlv)	
	available for public inspection. Indicate how you make these available. Check all that apply.	.,,,,,,,	-··· <b>J</b> )	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
.,	policy, and financial statements available to the public.	J, 1110		
20	· · · ·	rde o	f the	
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: William F. Nichols, 525 Middlefield Rd., Ste 130, Menlo Park, CA 94025 (650) 329-0291	ius U		

# 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.

Check this box if the organization did not c	ompensate	any o	offic			ctor,	trus	tee, or key em	ployee.	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee	nstrutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Edward D. Harris, Jr., MD Ex. Sec'y and Editor, The Pharos	20	_		1	1	1		109,000	-0-	-0-
William F. Nichols Ass't. Treasurer	8				1			27,400	-0-	-0-
	-									
Rae-Ellen W. Kavey, MD President	4							-0-	-0-	-Û-
Donald E. Wilson, MD Vice President	2							-0-	-0-	-0-
C. Bruce Alexander, MD Secretary-Treasurer	2							-0-	-0-	-0-
Robert G. Atnip, MD	- 1							-0-	-0-	-0-
N. Joseph Espat, MD	- 1							-0-	-0-	-0-
Ruth-Marie Fincher, MD	1							-0-	-0-	-0-
Douglas S. Paauw, MD	- 1							-0-	-0-	-0-
Don W. Powell, MD	- 1							-0-	-0-	-0-
Joseph W. Stubbs, MD	1							-0-	-0-	-0-
John W. Tooker, MD, MBA Medical Organization Director	1							-0-	-0-	-0-
Amy Goldberg, MD	- 1							-0-	-0-	-0-
Anne Mancino, MD	- 1							-0-	-0-	-0-
Sheryl Pfeil, MD	- 1							-0-	-0-	-0-
Suzann Pershing, MD	1							-0-	-0-	-0-

Part VII Section A. Officers, Directors, T	rustees, Key	y Emp	loy	ees,	an	d Hig	hes	Compensate	Employees (co	ontinue	d)
(A)	(B)	_		•	C)			(D)	(E)	_	(F)
Name and title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	stimated nount of other pensation rom the janization d related anizations
Natalia Berry, MD	. 1					<u> </u>		-0-	-0-		-0-
William E. Bynum, MD	- 1							-0-	-0-		-0-
Cason Pierce, MD	- 1							-0-	-0-		-0-
	-										
	-										
	-										
	-										
	.									<u> </u>	
				<u> </u>							
1b Total							<b>&gt;</b>	136,400			
2 Total number of individuals (including the organization ► 1	se in 1a) wh	no rec	eive	ed n	nore	e thar	1 \$1	00,000 in repo	rtable compens	ation f	rom the
- I gameaton v	<del></del>										Yes No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete							oye	e, or highest c	ompensated	3	1
<ul> <li>For any individual listed on line 1a, is the the organization and related organization:</li> </ul>	sum of repo	ortabl	ес	omp	ens	sation					
<ul><li>individual</li><li>5 Did any person listed on line 1a receive</li></ul>	or accrue	comp	ens	satio	on f	from a	anv	unrelated ora		4	✓
services rendered to the organization? If	"Yes," comp	olete S	Sch	edu	le J	for s	uch	person	•	5	
Section B. Independent Contractors  1 Complete this table for your five highest	compensate	d indi	ane	nde	nt c	ontra	cto	re that receive	d more than \$1		of.
compensation from the organization.	Compensate		<del></del>	1100							
Name and business at	Idress		_					(B) Description of s	ervices	(C) Comper	
None											
							L_				
2 Total number of independent contractors compensation from the organization ▶		tnose	in '	1) W	'nο	receiv	/ed	more than \$10	000,000 in		

Part	VII	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
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns . 1a  Membership dues 1b  Fundraising events . 1c  Related organizations . 1d  Government grants (contributions). 1e  All other contributions, gifts, grants, and similar amounts not included above 1f  Noncash contributions included in lines 1a-1f . 1c  Total. Add lines 1a-1f . 1	1,199,820	1,199,820			
			Business Code				
even	2a	Insignia and other	-	115,017	115,017		
Program Service Revenue	b		1 i		<u></u>		
	l d			·			
E S	e						
rogr	f	All other program service revenue		445.047			
<u> </u>		Total. Add lines 2a–2f		115,017			
	3	Investment income (including divider other similar amounts) Income from investment of tax-exempt by	▶	(903,946)	(903,946)		
	5	Royalties					
		(i) Real	(ii) Personal	•			
	ı	Gross Rents					
		Less. rental expenses	-				
	d	Rental income or (loss)  Net rental income or (loss)	<b>.</b>				
	l	Gross amount from sales of assets other than inventory	(ii) Other				6
	b	Less cost or other basis and sales expenses .					
		Gain or (loss)	, <u> </u>				
r Revenue	8a	Gross income from fundraising events (not including \$	a				
Other		Less direct expenses Net income or (loss) from fundraising	b				
		Gross income from gaming activities. See Part IV, line 19	а				
	b	See Part IV, line 19 Less: direct expenses	b				
	10a	Gross sales of inventory, less returns and allowances	а				
		Less. cost of goods sold .  Net income or (loss) from sales of inve	b				!
		Miscellaneous Revenue	Business Code				
	11a						
	b		1				
	С		-				
		All other revenue					
		Total Bayanya Add lines 1h 2c 2					-
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 9c, 10c, and 11e	4, 5, 60, 70, 8C, ►	410,891	(788,929)		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (**D)** Fundraising (C) Management and (A) (B) Do not include amounts reported on lines 6b, Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. <u>expenses</u> general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . Benefits paid to or for members Compensation of current officers, directors, 140,144 90,904 49,240 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 278,219 173,160 105,159 7 Other salaries and wages . Pension plan contributions (include section 401(k) 38,361 24,702 14,059 and section 403(b) employer contributions). 58,930 37,783 21,147 Other employee benefits 29,964 17,978 11,986 10 Payroll taxes Fees for services (non-employees): a Management . 1,785 1.785 **b** Legal . . . . 18,370 18.370 c Accounting . . . . . . **d** Lobbying . . . . . . . . e Professional fundraising services. See Part IV, line 17 f Investment management fees . g Other . . . . . 12 Advertising and promotion, 63,262 33,465 29,797 13 Office expenses . . . 14 Information technology . . . . . Royalties . . . . . . . 15 113,071 68,019 45.052 16 Occupancy 30,650 12,325 18,325 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. Interest . . . . . . . . . 20 Payments to affiliates . . . . . . . 21 Depreciation, depletion, and amortization. 13,257 13,257 23 Insurance 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 See schedule attached 956,174 788,437 167,737 b C All other expenses ..... Total functional expenses. Add lines 1 through 24f 1,742,187 1,246,695 495,492 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Pa	rt X	Balance Sheet								
			(A) Beginning of year		(I End c	B) of year				
	1	Cash—non-interest-bearing	201,843	1		105	5,600			
	2	Savings and temporary cash investments	*	2						
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net		4						
	5	Receivables from current and former officers, directors, trustees, key 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 Part II of Schedule L		6						
ţs	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use		8						
Ø	9	Prepaid expenses and deferred charges		9						
	10a	Land, buildings, and equipment cost basis 10a								
	ь	Less: accumulated depreciation. Complete Part VI of Schedule D		10c						
	11 Investments—publicly traded securities									
	12	Investments—other securities. See Part IV, line 11		12						
	13	Investments—program-related. See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11	18,937	15		19	9,480			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,151,474	16	1	10,211	1,826			
	17	Accounts payable and accrued expenses	154,200	17		160	0,200			
	18	Grants payable , , , , , , , , , , , , , , , , , , ,		18						
	19	Deferred revenue	4,458,076			4,843	3,724			
	20	Tax-exempt bond liabilities		20						
ies	21	Escrow account liability. Complete Part IV of Schedule D		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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		24						
	25	Other liabilities. Complete Part X of Schedule D		25						
	26	Total liabilities. Add lines 17 through 25	4,612,276	26		5,003	3,924			
alances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.								
la l	27	Unrestricted net assets	6,539,198			5,207	7,902			
•	28	Temporarily restricted net assets		28						
Fund	29	Permanently restricted net assets		29						
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.								
	30	Capital stock or trust principal, or current funds		30						
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund .	· · · · · · · · · · · · · · · · · · ·	31						
¥	32	Retained earnings, endowment, accumulated income, or other funds		32						
Š	33	Total net assets or fund balances		33						
	34	Total liabilities and net assets/fund balances	11,151,474	34	1	10,211	1,826			
Pa	rt XI	Financial Statements and Reporting	·	· ·						
						Yes	No			
1	Acco	ounting method used to prepare the Form 990. 🗌 Cash 🛮 🗹 Accrual	☐ Other				,			
		e the organization's financial statements compiled or reviewed by an ind		17	2a	<u> </u>	<b>  √</b>			
b	Were	e the organization's financial statements audited by an independent according	ountant?		2b	1				
С		es" to lines 2a or 2b, does the organization have a committee that assumes	•	-		,				
_		audit, review, or compilation of its financial statements and selection of an in-	-		2c	1				
За		result of a federal award, was the organization required to undergo an a	audit or audits as set	forth in			/			
<b>.</b>		Single Audit Act and OMB Circular A-133?  es." did the organization undergo the required audit or audits?			3a 3h	<del> </del>	<del>                                     </del>			
u	- 31 1	CO. THE THE PROGRAMMENT OF THE PROPERTY AND ADDITIONAL OF A CONTRACT OF THE PROPERTY OF THE PR			1.50					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY 36 6082049 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 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). 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 5 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). 6 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 II.) R 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 33/4 % 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. c Type III-Functionally integrated a 🗌 Type I **b** Type II d Type III-Other e 🔲 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Νo (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (a) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) US? support? Yes

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(	1)(A)(vi) 
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 .						
5 6	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).  Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				Market State Control of the Control		
11	Total support. Add lines 7 through 10 .		<u> </u>			ļ	<u></u>
12	Gross receipts from related activities, etc	•	•		•	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ге				rear as a section	on 501(c)(3)
	tion C. Computation of Public Su					ТТ	
14	Public support percentage for 2009 (line	•	•	i, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Scl					15	<u>%</u>
16a	33% % support test—2009. If the organization qualifies				line 14 is 331/31	% or more, che	ck this box
b	33% % support test—2008. If the organic				and line 15 is	33¼ % or more	, check this
	box and stop here. The organization qua						▶ ∐
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	theck this box a difies as a public	and <b>stop here</b> cly supported or	Explain in Part ganization	IV how the  ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	n line 9 of Pai	rt I.)			_	
	tion A. Public Support						<del>,</del>	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,225,983	1,244,260	1,312,028	1,199,820		n/a	4,982,091
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	4 005 000	4 044 000	4 242 222	4 400 000			4 000 004
6	Total. Add lines 1 through 5	1,225,983	1,244,260	1,312,028	1,199,820			4,982,091
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0			0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	o	o	0			0
_	Add lines 7a and 7b	0	0	0	0			0
8	Public support (Subtract line 7c from							
Ü	line 6)			İ				4,982,091
Sec	tion B. Total Support						•	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9	Amounts from line 6	1,225,983	1,244,260	1,312,028	1,199,820		n/a	4,982,091
10a	Gross income from interest dividends, payments received on securities loans, rents, royalties and income from similar sources	192,454	217,077	236,854	348,870		n/a	995,255
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	192,454	217,077	236,854	348,870			995,255
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)	1,418,437	1,461,337	1,548,882	1,548,690			5,977,346
14	First five years. If the Form 990 is for to organization, check this box and stop	the organizatio	<del></del>		, or fifth tax y	ear as	a sectio	
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2009 (lin	e 8. column (f)	divided by lin	e 13. column (	f))	15		83 %
16	Public support percentage from 2008 S	Schedule A, Pa	ırt III, line 15			16		87 %
Sec	tion D. Computation of Investmer							
17	Investment income percentage for 2009	9 (line 10c, col	umn (f) divided	by line 13, co	olumn (f))	17		17 %
18	Investment income percentage from 20				'" .	18		13 %
19a	33% % support tests—2009. If the orga	anization did ne	ot check the bo	ox on line 14, a				
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	ization did not observed by and stop	check a box on <b>here.</b> The orgar	line 14 or line <sup>a</sup> nization qualifies	19a, and line 10 s as a publicly :	6 is mo suppor	ore than 3 ted organ	33/3 %, and nization ► □
20	Private foundation If the organization	did not check	a how on line 1	1 10a or 10h	check this ha	v and	coo inct	ructions >

Schedule A (Fo	rm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
				•	
		*			
· • • • • • • • • • • • • • • • • • • •					
• •					
•- •- •• •- •- •-					····
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

2009

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization 6082049 Alpha Omega Alpha Honor Medical Society 36 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . Aggregate contributions to (during year) 2 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II 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) Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b 2c С Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ► ....... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 Revenues included in Form 990, Part VIII, line 1 \$ .. ...... .... .... Assets included in Form 990, Part X

Page	2

Par	rt III Organizations Maintaini	ng Collections	of Art, Hi	storica	l Treasures,	or O	ther Similar Ass	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply		other reco	rds, che	ck any of the f	ollow	ing that are a sig	nificant u	se of its
а	Public exhibition		d	_ L	oan or exchan	ge pr	ograms		
b	Scholarly research		е		ther				
С	Preservation for future generate	ions							
4	Provide a description of the organization Part XIV.	ation's collection	s and exp	laın how	they further th	ne or	ganızatıon's exer	npt purpo	se in
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive d than to be maint	onations o ained as p	f art, hist art of the	orical treasures organization's	, or c	other similar ction?	Yes	☐ No
Par	<b>Escrow and Custodial Arrangements.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
	Is the organization an agent, trustee included on Form 990, Part X?					s or	other assets not	☐ Yes	□ No
þ	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	followin	g table:		1		
							Am	ount	
						1c	-		
						<u>1d</u>			
	Distributions during the year					1e	<del> </del>		
f	<b>J</b>			. ,		1f			
b	Did the organization include an amount "Yes," explain the arrangement in	Part XIV	·	<del></del>		F		☐ Yes	∐ No
Pal	rt V Endowment Funds. Con		(b) Pric		<del>,</del>		(d) Three years back	(e) Four ye	ara baals
		(a) Current year	( <b>9)</b> Pilo	ii year	(c) I wo years ba		(u) Three years back	(e) i oui ye	ars back
1a	Beginning of year balance			<del></del>					
b	Contributions	<del></del>			<del> </del>				
	Net investment earnings, gains, and losses							<u> </u>	
d	Grants or scholarships		ļ	· <del></del>					
е	Other expenditures for facilities and programs					_			
	Administrative expenses End of year balance								
2	Provide the estimated percentage of	f the year end ba	lance held	d as:					
а	Board designated or quasi-endowm	ent <b>&gt;</b>	%						
b	Permanent endowment ►	%							
C	Term endowment ▶ %	•							
3a	Are there endowment funds not in the organization by	e possession of the	ne organiz	ation tha	t are held and	admı	nistered for the	Y	es No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
_	If "Yes" to 3a(II), are the related orga							3b	
4	Describe in Part XIV the intended us						··		
Par	rt VI Investments—Land, Bu		1						
	Description of investment	(a) Cost or of (investment)			st or other s (other)		ccumulated preciation	(d) Book v	alue
1a	Land						.		
b	Buildings	.							
С	Leasehold improvements								
	Equipment			<u> </u>					
	Other		100 D- 4 I		(D) h= 40(1)			<del></del>	
ota	II. Add lines 1a through 1e. (Column (d) r	nust equal Form 9	9υ, <i>Paπ X</i> ,	coiumn	(B), IINO 1U(C).)	•	▶		

Part VII Investments—Other Securit	ies. See Form 990, Part X, III	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Rela		ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bosonphon of mirosimon (),po	(2, 223), (2,23)	Cost or end-of-year market value
, , , , , , , , , , , , , , , , , , ,		
	····	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990,		
Lease deposit & prepaid expenses	(a) Description	то, Воок value 19,480
Lease deposit & prepard expenses		15.400
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, c	ol (R) line 15 )	19,480
Part X Other Liabilities. See Form 99		
(a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	
2. FIN 48 Footnote In Part XIV, provide the text		ion's financial statements that reports the
organization's liability for uncertain tax position		r ·

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	410,891
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,742,187
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	(1,331,296
-	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	8	
	Other (Describe in Part XIV.)	9	
	Total adjustments (net) Add lines 4 through 8	10	(1,331,296
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
a b c	Total revenue, gains, and other support per audited financial statements		410,891
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
a b	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 Other (Describe in Part XIV.)	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	410,891
art	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses per Re	
1	Total expenses and losses per audited financial statements	1	1,742,187
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	_	
	Prior year adjustments	$\dashv$ $\mid$	
	Other losses	-	
	Civil (Describe in Fair Aiv.)	2e	
	Add lines 2a through 2d	3	
	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		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,742,187
art	XIV Supplemental Information		
nd 2	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ai b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d ai art to provide any additional information.		

Schedule D (Fori	m 990) 2009	rage J
Part XIV	Supplemental Information (continued)	
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<b>-</b>		
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#### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY 36 6082049 Part III, line 2: Professionalism Project: grants of \$20,000 to initiate a program that encourages teaching faculty to create ap learning environments for professionalism, or a new project designed to ingrain professionalism in medical students and resident physicians. Up to three grants to be awarded. Part III, line 4d: Other Program services (development of new website, insignia and certificates ordered by new members, medical student service projects, volunteer clinical faculty awards, and local chapter administrative support awards). Part VI, line 10: The Audit Committee of the Board reviews and approves the tax return prior to filing and a copy is provided to all Directors. Part VI, line 12c: AOA requires all directors and key employees to complete and sign a conflict of interest disclosure form annually. Part VI, line 15b: AOA did an in-depth review of compensation for its two Executive Officers in 2006, using the Non-Profit Salary Survey Data Study for Northern California prepared by the CPA firm of Hood & Strong; it found that the then current compensation level was reasonable for the two positions. Since that time, the two individuals have received only annual cost of living adjustments. Part VI, line 19: AOA provides governance documents to the public upon request. Newly elected members receive a booklet describing AOA's activities and including its Constitution.

Alpha Omega Alpha Honor Medical Society

#36-6082049

Y/ 8/31/2009

# Part IX -- Line 24 Other Expenses:

Description of expense:		<u>Total</u>	(B) Program <u>Services</u>	(C) Mgmt  & General		
		\	\			
Visiting Professor program		96,239	١	96,239		
Insignia		95,355	١	95,355		
Student awards		215,583	١	215,583		
Professionalism award		50,000	١	50,000		
Distinguished teacher awards		66,904		66,904		
Chapter development & soec. Projects		13,523	١	4,711		8,812
The Pharos		259,645		\$ 259,645		
Dues collection and processing		158,925				158,925
Total for line 24	\$	956,174		\$ 788,437	\$	167,737

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