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Return of Organization Exempt From Income Tax

2009

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

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable		C Name of organization RHODE ISLAND MEDICAL SOCIETY			D Employer Identification Number 05-0250010	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type See specific Instructions. Number and street (or P O box if mail is not delivered to street addr) 235 PROMENADE STREET City, town or country PROVIDENCE State RI ZIP code + 4 02908			E Telephone number (401) 331-3207	
					F Name and address of principal officer NEWELL E. WARDE, 235 PROMENADE STREET, PROVIDENCE RI 02908	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
J Website: ► http://www.rimed.org					H(c) Group exemption number ►	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►					L Year of Formation 1812	M State of legal domicile RI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. TO PROMOTE THE ART AND SCIENCE OF MEDICINE FOR THE BETTERMENT OF PUBLIC HEALTH AND TO ADVOCATE QUALITY PATIENT CARE AND PROMOTE THE EXCHANGE OF INFORMATION	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 35
Expenses	5 Total number of employees (Part V, line 2a)	5 12
	6 Total number of volunteers (estimate if necessary)	6 100
Net Assets or Fund Balances	7a Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12	7a 119,308.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 46,360.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 52,795. Current Year 82,275.
	9 Program service revenue (Part VIII, line 2g)	614,865. 650,100.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,189. 112,556.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,344. 208,796.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	982,193. 1,053,727.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,504. 1,802.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	536,216. 597,741.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	APR 27 2010 522,462. 539,845.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,074,182. 1,139,388.	
19 Revenue less expenses. Subtract line 18 from line 12	191,989. -85,661.	
20 Total assets (Part X, line 16)	Beginning of Year 1,820,826. End of Year 2,025,013.	
21 Total liabilities (Part X, line 26)	361,258. 333,495.	
22 Net assets or fund balances. Subtract line 21 from line 20	1,459,568. 1,691,518.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Nawell E. Warde	4/15/10	Date
	Signature of officer		
	Newell Warde	Executive Director	
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ► Nancy L Mancini	Date 04/07/10	Check if self employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00822254
	Firm's name (or yours if self employed), address, and ZIP + 4 ► Caliri, Mancini, and Barbieri, P. C.		EIN ►	
	► One Worthington Rd.		Phone no ► (401) 270-6136	
	Cranston RI 02920			

May the IRS discuss this return with the preparer shown above? (see instructions)

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

TEEA0101 07/20/09

Form 990 (2009)

5-3
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Part III Statement of Program Service Accomplishments1. Briefly describe the organization's mission:

TO PROMOTE THE ART AND SCIENCE
OF MEDICINE FOR THE BETTERMENT OF PUBLIC HEALTH AND TO ADVOCATE
QUALITY PATIENT CARE AND PROMOTE THE EXCHANGE OF INFORMATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O

3 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

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

PROFESSIONAL REPRESENTATION BEFORE CONGRESSIONAL
BODIES REGARDING MEDICAL AND PUBLIC HEALTH ISSUES

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

PUBLICATION OF "MEDICINE & HEALTH RHODE ISLAND"
AND "RHODE ISLAND MEDICAL NEWS"

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

CONDUCTING CONTINUING MEDICAL EDUCATION

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part 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	X
2 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 candidates for public office? If 'Yes,' complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	
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	X
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 I	6	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 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 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• 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		
• 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		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12 A	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 United States?	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 United States? 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	X
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	X
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	X
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	X
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	X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 1? If 'Yes,' complete Schedule I, Parts I and II	21 X	
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? If 'Yes,' complete Schedule I, Parts I and III	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 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 J	23 X	
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a X	
b 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?	24d	
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	
b 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-EZ? If 'Yes,' complete Schedule L, Part I	25b	
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 X	
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 X	
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).		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b X	
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 direct or indirect owner? 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 301.7701-3? If 'Yes,' complete Schedule R, Part I	33 X	
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 X	
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 X	
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 X	
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 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Form 990 (2009)

Part 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	7
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	12
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X
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)? 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	4a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
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	X
6b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	X
7a	7 Organizations that may receive deductible contributions under section 170(c).	7a	X
7b	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
7c	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	X
7d	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
7e	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	X
7f	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
7g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
7h	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
8	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
9a	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?	9a	
9b	9 Sponsoring organizations maintaining donor advised funds.	9b	
10a	10 Section 501(c)(7) organizations. Enter.	10a	
10b	a Initiation fees and capital contributions included on Part VIII, line 12	10b	
11a	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11b	11 Section 501(c)(12) organizations. Enter.	11b	
11a	a Gross income from other members or shareholders	11a	
11b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body
1a 36
 b Enter the number of voting members that are independent
1b 35

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 X

5 Did the organization become aware during the year of a material diversion of the organization's assets?
5 X

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 governing body?
7a X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body?
8a X
 b Each committee with authority to act on behalf of the governing body?
8b X

9 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
9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates?
10a X
 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?
10b

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
11 X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a 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 X
 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
 b Other officers of key employees of the organization
 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)
15b X

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 X
 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 federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?
16b

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► -----

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 for public inspection. Indicate how you make these available. Check all that apply
 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 interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
 ► NEWELL E. WARDE, PhD 235 PROMENADE STREET STE 500 PROVIDENCE, RI 02908 (401) 331-3207

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. 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 employees'.

- 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 compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)							(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Ind Direct or Trustee	Inst Institutional Trustee	Off Officer	Key Employee	High Comp Employee	High Comp Employee	Per Person			
NEWELL E. WARDE, PhD EXEC. DIRECTOR	45.00	X		X					129,808.	16,269.	45,665.
STEVE DETOY DIR. OF GOVT & PR	45.00			X					106,673.	0.	38,088.
DIANE R. SIEDLECKI, MD PRESIDENT thru 9/30/09	1.00	X	X						9,000.	0.	0.
K. NICHOLAS TSIONGAS, MD PAST PRESIDENT	1.00	X							0.	0.	0.
JERALD C. FINGERUT, MD TREASURER	1.00	X	X						0.	0.	0.
MARGARET A. SUN, MD SECRETARY thru 9/30/09	1.00	X	X						0.	0.	0.
VERA A. DE PALO, MD PRESIDENT begin. 10/1/09	1.00	X	X						3,000.	0.	0.
MARLENE CUTITAR, MD COUNCILOR AT LARGE	1.00	X							0.	0.	0.
BARRY W. WALL, MD PAST PRESIDENT	1.00	X							0.	0.	0.
GARY BUBLY, MD PRESIDENT ELECT	1.00	X							0.	0.	0.
NITIN S. DAMLE, MD VICE PRESIDENT	1.00	X	X						0.	0.	0.
ANDREW J. DOWD, MD COUNCILOR AT LARGE	1.00	X							0.	0.	0.
MARTIN R. PAPAZIAN, MD COUNCILOR AT LARGE	1.00	X							0.	0.	0.
STEVEN R. FERA, MD COUNCILOR AT LARGE	1.00	X							0.	0.	0.
MICHAEL E. MIGLIORI, MD COUNCIL MEMBER	1.00	X							0.	0.	0.
PETER A. HOLLMANN, MD COUNCIL MEMBER	1.00	X							0.	0.	0.
JOEL M. KAUFMAN, MD COUNCIL MEMBER	1.00	X							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated employee			
IRA J. SINGER, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
GEOFFREY R. HAMILTON, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
ROBERT G. DINWOODIE, DO COUNCIL MEMBER	1.00 X					0.	0.	0.
RAFAEL E. PADILLA, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
PATRICK J. SWEENEY, MD, MPH, PhD COUNCIL MEMBER	1.00 X					0.	0.	0.
ELIZABETH B. LANGE, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
KENNETH WILLIAMS, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
JORGE LAGARES-GARCIA, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
SARAH J. FESSLER, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
SUSANNE THAYERS-KRAMERS, PA-C COUNCIL MEMBER	1.00 X					0.	0.	0.
ELIZABETH A. WELCH, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
ALYN L. ADRAIN, MD SECRETARY begin. 10/1/09	1.00 X	X				0.	0.	0.
NORMAN M. GORDON, MD COUNCIL MEMBER	1.00 X					0.	0.	0.
1b Total						248,481.	16,269.	83,753.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 2

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 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	X
5 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 J for such person	5	X

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.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII 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	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c 17,175.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 65,100.			
	g Noncash contribns included in lns 1a-1f:	\$			
h Total. Add lines 1a-1f		82,275.			
PROGRAM SERVICE REVENUE		Business Code			
	2a MEDICAL JOURNAL	541800	88,729.	3,400.	85,329.
	b AMA COLLECTION FEES	561000	3,709.	0.	3,709.
	c RI MEDICAL NEWS NEWSLETTER	541800	18,282.	0.	18,282.
	d DIRECTORY OF MEMBERS	541800	11,988.	0.	11,988.
	e CONTINUING MEDICAL EDUC.	611711	13,000.	13,000.	0.
	f All other program service revenue		514,392.	491,443.	0.
g Total. Add lines 2a-2f		650,100.			22,949.
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		130,465.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		2,662.	0.	0.
	6a Gross Rents	(i) Real			
	b Less rental expenses	(ii) Personal			
	c Rental income or (loss)				
	d Net rental income or (loss)				
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less, cost or other basis and sales expenses	(ii) Other	371,417.			
c Gain or (loss)		389,326.			
d Net gain or (loss)		-17,909.	0.	0.	
8a Gross income from fundraising events (not including \$ 17,175. of contributions reported on line 1c)					
See Part IV, line 18	a 19,741.				
b Less, direct expenses	b 19,642.				
c Net income or (loss) from fundraising events		99.	99.	0.	
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less, direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less, cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a STAFF SERVICES	561000	71,941.	71,941.	0.	
b ADMINISTRATIVE FEES	561000	132,873.	132,873.	0.	
c MEDICAL JOURNAL MISC.	900099	1,221.	1,221.	0.	
d All other revenue					
e Total. Add lines 11a-11d		206,035.			
12 Total revenue. See instructions		1,053,727.	713,977.	119,308.	
				138,167.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	1,802.			
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	329,827.			
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	187,317.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,164.			
9 Other employee benefits	25,652.			
10 Payroll taxes	36,781.			
11 Fees for services (non-employees)				
a Management				
b Legal	74,518.			
c Accounting	10,572.			
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	13,390.			
g Other	58,291.			
12 Advertising and promotion	8,482.			
13 Office expenses	65,564.			
14 Information technology	8,478.			
15 Royalties				
16 Occupancy	72,439.			
17 Travel	43,026.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,932.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,233.			
23 Insurance	6,450.			
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 INCOME TAX EXPENSE	22,418.			
b PUBLICATIONS	132,658.			
c PUB COSTS ON LINE 11 g	-43,193.			
d DUES & SUBSCRIPTIONS	4,933.			
e OTHER	12,654.			
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	1,139,388.			
26 Joint costs. Check here <input type="checkbox"/> 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				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS				
1	Cash – non-interest-bearing	249,550.	1	158,555.
2	Savings and temporary cash investments	20,760.	2	41,145.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	65,386.	4	73,289.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	10,416.	9	7,422.
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	66,081.		
b	Less accumulated depreciation.	10b	57,710.	10c
11	Investments – publicly-traded securities	1,412,563.	11	1,664,638.
12	Investments – other securities. See Part IV, line 11	6,604.	12	6,604.
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	43,838.	15	64,989.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,820,826.	16	2,025,013.
LIABILITIES				
17	Accounts payable and accrued expenses	58,532.	17	69,650.
18	Grants payable		18	
19	Deferred revenue	261,414.	19	233,050.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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 to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	41,312.	25	30,795.
26	Total liabilities. Add lines 17 through 25	361,258.	26	333,495.
NET ASSETS OR FUND BALANCES				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	1,440,973.	27	1,668,165.
28	Temporarily restricted net assets	18,595.	28	23,353.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,459,568.	33	1,691,518.
34	Total liabilities and net assets/fund balances.	1,820,826.	34	2,025,013.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

BAA

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization

Employer identification number

RHODE ISLAND MEDICAL SOCIETY

05-0250010

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes No
Yes No

Part I-C [Complete if the organization is exempt under section 501(c) - except section 501(c)(3)]

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total of exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is Not over \$500,000	The lobbying nontaxable amount is. 20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$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	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
	Over \$17,000,000	\$1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1	478,843.
2a	169,452.
2b	
2c	169,452.
3	173,784.
4	
5	0.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information.

Part IV | Supplemental Information (continued)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

OMB No 1545 0047

Supplemental Financial Statements

► Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

2009Open to Public
Inspection

Name of the organization

Employer identification number

RHODE ISLAND MEDICAL SOCIETY

05-0250010

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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??	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 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 Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
4 Number of states where property subject to conservation easement is located ►		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►	\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 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	► \$ _____
2 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	► \$ _____

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV | Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

Part V | Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,412,563.	1,887,141.			
b Contributions		0.			
c Net Investment earnings, gains, and losses	318,075.	-402,578.			
d Grants or scholarships					
e Other expenditures for facilities and programs	66,000.	72,000.			
f Administrative expenses					
g End of year balance	1,664,638.	1,412,563.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► 0.00 %

c Term endowment ► 0.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Part VI | Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		6,696.	6,696.	0.
d Equipment		36,253.	29,103.	7,150.
e Other		23,132.	21,911.	1,221.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,371.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 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		
<u>INVESTMENT IN RIMS INSURANCE BROKERAGE CORP</u>	6,604.	Cost

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

Part IX Other Assets (See Form 990, Part X, line 15)

Total. (Column (b) must equal Form 990, Part X, col.(B), line 15)

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<u>DUES ON DEPOSIT</u>	25,673.
<u>DUE TO RIMS INSURANCE BROKERAGE CORPORATION</u>	5,037.
<u>INCOME TAXES PAYABLE</u>	85.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► 30,795.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 5 Donated services and use of facilities
- 6 Investment expenses
- 7 Prior period adjustments
- 8 Other (Describe in Part XIV)
- 9 Total adjustments (net). Add lines 4 through 8
- 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants
 - d Other (Describe in Part XIV)
- e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1
 - a Investments expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIV)
- c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- 1 Total expenses and losses per audited financial statements
- 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 Other losses
 - d Other (Describe in Part XIV)
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
 - a Investments expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIV)
- 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

RHODE ISLAND MEDICAL SOCIETY

05-0250010

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

Part 1 from 5502Z meters are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have 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 services?

Yes No

b If 'Yes,' list 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.

Total

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 NONE (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
1 Gross receipts	36,915.				36,915.
	17,174.				17,174.
	19,741.				19,741.
DIRECT EXPENSES	4 Cash prizes	110.			110.
	5 Noncash prizes	7,013.			7,013.
	6 Rent/facility costs	8,134.			8,134.
	7 Food and beverages	4,147.			4,147.
	8 Entertainment				
	9 Other direct expenses	238.			238.
10 Direct expense summary. Add lines 4- through 9 in column (d)					► 19,642.
11 Net income summary. Combine lines 3, column (d) and line 10					► 99.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1 Gross revenue					
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					►
8 Net gaming income summary Combine lines 1, column (d) and line 7					►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain _____

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain _____

YES	NO
10a	

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES	NO
11	

YES	NO
12	

YES	NO
13a	%
13b	%

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name: ► _____

Address: ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.
- c If 'Yes,' enter name and address of the third party

Name: ► _____

Address: ► _____

16 Gaming manager information

Name: ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$ _____

15a

17a

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545 0047

Open to Public Inspection

RHODE ISLAND MEDICAL SOCIETY
Name of the organization

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Governments and Organizations in the United States Complete if the organization received "Yes" to Form

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part V and Schedule I - Form 990, if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Purpose of grant or assistance
------------------------------------------------------	---------	-------------------------------	--------------------------	-----------------------------------	------------------------------------

THE JOURNAL OF CLIMATE

Table 1. Summary of the results of the 1990s and 2000s surveys of the *Leucosia* and *Leucosia*–*Leucosticte* assemblage in the northern part of the study area.

THE JOURNAL OF CLIMATE

- - - - -

Table 1. Summary of the main characteristics of the four groups of patients.

—

ANSWER

— 1 —

- - - - -

Table 1. Summary of the results of the 1990-91 survey of the *Phragmites* population in the study area.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

3AA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public
Inspection

Name of the organization

RHODE ISLAND MEDICAL SOCIETY

Employer identification number

05-0250010

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

Yes **No**

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

1b

2

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

4a **X**

4b **X**

4c **X**

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?
b Any related organization?
If 'Yes' to line 5a or 5b, describe in Part III.

5a

5b

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of?

a The organization?
b Any related organization?
If 'Yes' to line 6a or 6b, describe in Part III

6a

6b

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

7

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

8

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

Continuation Sheet for Form 990

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the Organization

RHODE ISLAND MEDICAL SOCIETY

Employer Identification number

05-0250010

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 (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 W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation				
(i) NEWELL E. WARDE, PhD	129,808. 16,269.	0. 0.	0. 2,440.	12,981. 30,244. 0.	173,033. 18,709.	159,345. 14,375.
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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.

BAA

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

OMB No 1545 0047

2009

**Open to Public
Inspection**

Name of the organization

RHODE ISLAND MEDICAL SOCIETY

Employer identification number

05-0250010

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

Total

5

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARIANNE MIGLIORI	WIFE OF COUNCIL MEMBER	19,171.	GRAPHIC ARTIST-WEBSITE & PRINT		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545 0047

2009**Open to Public
Inspection**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

Name of the organization

RHODE ISLAND MEDICAL SOCIETY

Employer identification number

05-0250010

Pt VI-A, Line 6 RHODE ISLAND MEDICAL SOCIETY IS A MEMBERSHIP ORGANIZATION.

Pt VI-A, Line 7a THE MEMBERSHIP OF RHODE ISLAND MEDICAL SOCIETY ELECTS
THE OFFICERS OF THE ORGANIZATION.

Pt VI-B, Line 11a COPIES OF THE FORMS 990 AND 990-T ARE PROVIDED TO THE
PRESIDENT AND TREASURER FOR THEIR REVIEW PRIOR TO THE
EXECUTIVE DIRECTOR'S SIGNATURE AND FILING.

Pt VI-B, Line 12c ANNUALLY, CONFLICT OF INTEREST DISCLOSURE FORMS ARE
COLLECTED FROM ALL MEMBERS OF THE SOCIETY'S LEADERSHIP.
THEY ARE REVIEWED BY MANAGEMENT AND COMPLIANCE IS
ENFORCED AS REQUIRED.

Pt VI-B, Line 15 COMPENSATION/COMPARABILITY DATA IS COLLECTED FROM A VARIETY
OF SOURCES AND USED IN THE PROCESS.

Pt VI-C, Line 19 GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE UPON REQUEST.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Name of the organization

Open to Inspection

Open to Public
Inspection

RHODE ISLAND MEDICAL SOCIETY

Employer identification number

05-02550010

Part I **Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part V, line 33.)

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization is a member of a controlled group)

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
RI MEDICAL POLITICAL ACTION COMMITTEE	POLITICAL ACTION	527	N/A		
235 PROMENADE ST., SUITE 500, PROVIDENCE RI 02908	COMMITTEE OF RIMS RI				
RHODE ISLAND MEDICAL SOCIETY FOUNDATION	PROMOTE THE BETTERMENT	501(c) (3)	Line 7-sch A	N/A	
235 PROMENADE ST., SUITE 500, PROVIDENCE RI 02908	OF PUBLIC HEALTH RI				
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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.)

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part V, line 34)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 24, beginning at the end of the tax year for which Form 990 was filed.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
RIMS INSURANCE BROKERAGE CORP 05-0391461	INSURANCE	RI	N/A	C	1,361,128.	414,386.	100.00
235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908	BROKER						

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Rhode Island Medical Society Foundation reimburses RIMS for staff services	1n	105,407.
(2) RIMS Insurance Brokerage Corporation paid RIMS a dividend as 100% owner	1r	100,000.
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Supporting Statement of:

Form 990 p 11/Line 11, column (B)

Description	Amount
FIXED INCOME DEBT SECURITIES	446,401.
EQUITY SECURITIES	948,551.
MUTUAL FUNDS	111,925.
MONEY MARKET MUTUAL FUNDS	157,761.
Total	<u>1,664,638.</u>

Supporting Statement of:

Sch D, page 2/Part V, line 1c col (a)

Description	Amount
INTEREST AND DIVIDENDS	31,763.
REALIZED LOSS ON SALE OF SECURITIES	-17,909.
UNREALIZED GAIN ON SECURITIES	317,611.
CUSTODIAN FEES	-13,390.
Total	<u>318,075.</u>

Supporting Statement of:

Sch D, page 2/Part V, line 1c col (b)

Description	Amount
INTEREST AND DIVIDENDS	47,567.
REALIZED LOSS ON SALE OF SECURITIES	-4,913.
UNREALIZED LOSS ON SECURITIES	-429,983.
CUSTODIAN FEES	-15,249.
Total	<u>-402,578.</u>