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Form 990-EZ

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

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A For the 2009 calendar year, or tax year beginning _____, and ending _____		D Employer identification number	
B Check if applicable		C Name of organization	
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type See Specific Instructions.	THE HIP SOCIETY	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return		6300 N. RIVER ROAD	727
<input type="checkbox"/> Termination		E Telephone number	
<input type="checkbox"/> Amended return		847-384-4233	
<input type="checkbox"/> Application pending		F Group Exemption Number	
<ul style="list-style-type: none"> Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 		G Accounting method	
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
I Website: ► <u>WWW.HIPSOC.ORG</u>		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (/ 3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ <u>460,052</u>	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	41,451
	2 Program service revenue including government fees and contracts	2	163,660
	3 Membership dues and assessments	3	66,500
	4 Investment income	4	52,430
	5a Gross amount from sale of assets other than inventory	5a	135,711
	b Less cost or other basis and sales expenses	5b	148,705
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-12,994
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	SEE STATEMENT 1	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► <u>SEE STATEMENT 1, UP</u>)	8	300	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	311,347	
Expenses	10 Grants and similar amounts paid (attach schedule)	STMT 4	STMT 5
	11 Benefits paid to or for members	10	68,445
	12 Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors	12	
	14 Occupancy, rent, utilities, and maintenance	13	69,560
	15 Printing, publications, postage, and shipping	14	
	16 Other expenses (describe ► <u>SEE STATEMENT 6</u>)	15	1,688
	17 Total expenses. Add lines 10 through 16	16	219,092
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17	358,785
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18	-47,438
	20 Other changes in net assets or fund balances (attach explanation)	19	793,316
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20	104,112
		21	849,990

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

22 Cash, savings, and investments	(A) Beginning of year	(B) End of year	
	630,486	22	777,645
		23	
		24	134,277
	169,325	24	
	799,811	25	911,922
	6,495	26	61,932
	793,316	27	849,990
23 Land and buildings			
24 Other assets (describe ► <u>SEE STATEMENT 8</u>)			
25 Total assets			
26 Total liabilities (describe ► <u>SEE STATEMENT 9</u>)			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			

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

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► IL		
42a The organization's books are in care of ► ANNA GREEN 6300 N. RIVER ROAD Located at ► ROSEMONT, IL	Telephone no ►	
	ZIP + 4 ►	60018
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	

	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE			

d Total number of other independent contractors each receiving over \$100,000 ► _____

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		
	7/8/2010		
Preparer's Use Only	Signature of officer	Date	
	<u>VINCENT D. PELLEGRINI, MD</u>	SECRETARY/TREASURER	
Type or print name and title			
Preparer's signature	Date	Check if self- employed	Preparer's Identifying Number (See instr)
► <i>Dawn Wiegand</i>	05/17/10	► <input type="checkbox"/>	P00069909
Firm's name (or yours if self-employed), address, and ZIP + 4	KUTCHINS, ROBBINS & DIAMOND, LTD. 1101 PERIMETER DR., STE. 760 SCHAUMBURG, IL 60173		EIN ► 36-3856676
			Phone no ► 847-240-1040

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

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
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Department of the Treasury
Internal Revenue Service

Name of the organization

THE HIP SOCIETY

**Employer identification number
23-7348162**

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 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
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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
e a Type I b Type II c Type III—Functionally integrated 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)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 **THE HIP SOCIETY****23-7348162**

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar 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")						
2 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 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(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)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 **THE HIP SOCIETY****23-7348162**

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar 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")	35,475	35,100	39,000	91,875	107,951	309,401
2 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	119,466	145,305	128,260	146,185	163,960	703,176
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						
6 Total. Add lines 1 through 5	154,941	180,405	167,260	238,060	271,911	1,012,577
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						1,012,577

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	154,941	180,405	167,260	238,060	271,911	1,012,577
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,001	65,293	49,724	72,107	52,430	267,555
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	28,001	65,293	49,724	72,107	52,430	267,555
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					300	300
13 Total support. (Add lines 9, 10c, 11, and 12)	182,942	245,698	216,984	310,167	324,641	1,280,432
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	79.08 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	62.50 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	21 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	18 %
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

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

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 300

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Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 66,500
TOTAL	<u>\$ 66,500</u>

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**Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -
Securities**

<u>How Received</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Depreciation</u>	<u>Gain / Loss</u>
SEE ATTACHED - STCG DONATION	VARIOUS	VARIOUS	\$ 55,125	\$ 53,260	\$	\$ 1,865	
SEE ATTACHED - LTCL DONATION	VARIOUS	VARIOUS	\$ 80,586	\$ 95,445	\$	\$ -14,859	
TOTAL			\$ 135,711	\$ 148,705	\$ 0	\$ -12,994	

THE HIP SOCIETY
6300 NORTH RIVER RD STE 727

Account number
301-01637
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SCHEDULE OF REALIZED GAINS AND LOSSES

	PRIOR PERIOD	THIS PERIOD	ADJUSTMENTS	THIS YEAR
Total Realized Gain or Loss	-15,450.11	2,455.67	0.00	-12,994.44
Short-term	-591.21	2,455.67	0.00	1,864.46
Long-term	-14,858.90	0.00	0.00	-14,858.90

QUANTITY	DESCRIPTION	SYMBOL	OPEN DATE	NET COST	CLOSE DATE	NET PROCEEDS	REALIZED GAIN/LOSS
Short Term							
800 000	BRISTOL MYERS SQUIBB CO	BMY	02/13/09	17,681.20	12/15/09	20,136.87	2,455.67
500 000	PROSHARES ULTRASHORT OIL & GAS ETF	DUG	12/31/08	12,506.00	01/15/09	13,743.92	1,237.92
500 000	WYETH COM	983024100	05/05/08	23,073.00	02/12/09	21,243.87	-1,829.13
Short Term Subtotal							1,864.46
QUANTITY	DESCRIPTION	SYMBOL	OPEN DATE	NET COST	CLOSE DATE	NET PROCEEDS	REALIZED GAIN/LOSS
Long Term							
1,200 000	BREITBURN ENERGY PARTNERS L P COM UNIT LTD PARTNERSHIP INT	BBEP	11/09/06	23,091.00	10/20/09	14,594.01	-8,496.99
1,000 000	CISCO SYSTEMS INC	CSCO	03/03/06	21,084.40	04/28/09	18,124.16	-2,960.24
500 000	CVS CAREMARK CORPORATION	CVS	06/05/02	7,877.50	11/17/09	14,774.36	6,896.86
1,000 000	LINX ENERGY LLC UNIT REPSTG LTD LIABILITY CO	LINE	03/09/06	20,354.70	03/06/09	12,911.92	-7,442.78
25,000,000	RITE AID CORP SR DEBS-BOOK ENTRY	767754AD6	05/23/07	23,037.25	10/16/09	20,181.50	-2,855.75
Long Term Subtotal							-14,858.90
TOTAL REALIZED GAIN OR LOSS							-12,994.44

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Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
GENERAL SOCIETY - MISC INCOME	\$ 300
TOTAL	\$ 300

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Statement 4 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Class of Activity	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
	RESEARCH AWARDS		6,445				
TOTAL			6,445				

Statement 5 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Class of Activity	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
AAOS							
6300 N. RIVER ROAD ROSEMONT, IL 60018			55,000				
TOTAL			55,000				

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Federal Statements

Statement 6 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
TELEPHONE	4,639
OFFICE EXPENSE	2,569
ANNUAL MEETING EXPENSES	82,369
SPECIALTY DAY EXPENSES	113,016
INSURANCE	2,626
WEBSITE EXPENSE	450
MISCELLANEOUS EXPENSES	5,727
BOARD AND COMMITTEE EXPEN	7,696
TOTAL	\$ 219,092

Statement 7 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAINS/LOSSES	\$ 104,112
TOTAL	\$ 104,112

Statement 8 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	\$ 67,788	\$ 11,451
ACCOUNTS RECEIVABLE	8,835	5,867
PREPAID EXPENSES AND DEFERRED CHARGES	15,160	5,707
INTEREST IN OREF ASSETS	77,542	111,252
	<u>169,325</u>	<u>134,277</u>

Statement 9 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 6,495	\$ 432
DEFERRED REVENUE		<u>61,500</u>
	<u>6,495</u>	<u>61,932</u>

Federal Statements

Statement 10 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO ADVANCE THE KNOWLEDGE OF THE HIP JOINT IN DISTRESS. TO PROVIDE FORUM TO STIMULATE THE EXCHANGE OF KNOWLEDGE CONCERNING EDUCATION, RESEARCH AND TREATMENT OF DISORDERS OF THE HIP.

Form **8868**
(Rev. April 2009)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE HIP SOCIETY	Employer identification number 23-7348162
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 6300 N. RIVER ROAD 727	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROSEMONT IL 60018-4263	

Check type of return to be filed (file a separate application for each return)

Form 990
 Form 990-BL
 Form 990-EZ
 Form 990-PF

Form 990-T (corporation)
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 990-T (trust other than above)
 Form 1041-A

Form 4720
 Form 5227
 Form 6069
 Form 8870

- The books are in the care of ►

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2009** or
► tax year beginning and ending

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)