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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

Open to Public Inspection

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

A Fo	rthe 2	2009 ca <u>lendar</u>			1-2009 and ending 12-31-2009)			
_		oplicable Please	Society	f organization of Actuaries			D Employer i	dentifi	cation number
- Add	Iress ch	label o	r Doing Bi	usiness As			36-21364 E Telephone		er
_ Nar	ne char	nge print o type. S	r	13111033 713			-		
Inıt	ıal retur		c Number		ıf mail is not delivered to street addres	s) Room/suite	(847) 706 G Gross receip		
Ten	minated		4/5 N M	artıngale Road No 600			u dioss receip	713 \$ JU	
Am	ended r	return		own, state or country, aburg, IL 601732252	and ZIP + 4				
App	lication	pending	Schaum	July, IC 001732232					
				dress of principal o	fficer	H(a) Is the	s a group retu	urn for	
			gory Heidricl 5 N Martingal	n le Road No 600		affilia	tes?		┌ Yes ┌ No
			_	601732252		H(b) Are al	l affiliates incl	uded?	┌ Yes ┌ No
т					=				e instructions)
				nsert no))(1) or 527	H(c) Grou	ip exemption	numbe	er 🗠
W	ebsit e	: www.soao	rg						
(Forn	n of org	janization 🔽 Corj	ooration Trus	st Association Oth	ner 🕨	L Year of fo	rmation 1948	M Sta	te of legal domicile IL
Pai	rt I	Summary							
					nost significant activities knowledge and to enhance the at	ulity of actua	ries to provid	e eyne	ert advice and
υ					ocietal problems involving uncer	•	•		
sovemance									
Ě									
5	2	Check this box	▶ If the or	ganization discont	nued its operations or disposed	of more than	25% of its ne	tasse	ts
5 5			,		dy (Part VI, line 1a)				28
Ĉ			_		governing body (Part VI, line 1b)			4	28
CANIANA	5	Total number o	femployees	(Part V, line 2a)					120
3	6	Total number o	fvolunteers	(estimate if necess	ary)			6	3,500
•	7a	Total gross un	related busın	ess revenue from P	art VIII, column (C), line 12 .			7a	136,668
	b	Net unrelated l	ousiness tax	able income from Fo	orm 990-T, line 34			7b	123,786
						Prio	r Year		Current Year
ē	8			Part VIII, line 1h)		10,410,663	_	10,737,378	
enu	9			Part VIII, line 2g)		26,288,328		25,116,478	
Reveni	10 11				nes 3, 4, and 7d)		765,963		360,385
	12				equal Part VIII, column (A), line		447,013		193,495
				- '			37,911,967		36,407,736
	13				umn (A), lines 1-3)		145,825		936,736
	14	-			mn (A), line 4)				0
ss.	15	Salaries, othe	r compensat	ion, employee bene	fits (Part IX, column (A), lines 5	-	10,834,920		11,644,383
Expenses	16a	,	undraising fe	es (Part IX, colum	n (A), line 11e)		, ,		0
×	ь		_	IX, column (D), line 25					
Ш	17	Other expens			22,405,662				
	18				Il Part IX, column (A), line 25)		33,913,973		34,986,781
	19	Revenue less	expenses S	ubtract line 18 fror	n line 12		3,997,994		1,420,955
5 % 5 %							g of Current		End of Year
net Assets of Fund Balances	30	Total	(Dart V li	16)		Y	27 094 042		
d B.	20 21						37,084,042	 	37,638,543
ž Ž	22			·	from line 20		24,849,152		26,561,708
	t II	Signature		.5 Odbirdet iiile 22			21,013,132		20,301,700
		_		lare that I have examı	ned this return, including accompanying	schedules and st	tatements, and t	o the b	est of my knowledge
		and belief, it is ti	ue, correct, and	complete Declaration	of preparer (other than officer) is based	on all informati	on of which prep	arer ha	s any knowledge
Sign	1	*****				2010-	11-15		
lere		Signature of o	officer			Date			
				ve Director/CFO					
		Type or print	name and title						
		Preparer's	ick Fortsch			heck if elf-	Preparer's ide	, ,	number
Paid		signature Za	ick i ottocii			mpolyed •	(See manuello	.113)	
•	arer's	Firm's name (or sif self-employed)		1cGladrey Inc	<u> </u>		EIN Þ		
Jse (nly	address, and ZIP		acker Drive Suite 800					
			Chicad	10, IL 60606			Phone no 🕨	(312)	534-3400

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

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Society's mission is to advance actuarial knowledge and to enhance the ability of actuaries to provide expert advice and relevant solutions for financial, business, and societal problems involving uncertain future events

4e	Total program serv	ice expenses►\$	30,880,53	5		
	(Expenses \$		luding grants of	·) (Revenue \$	1,197,957)
4d		vices (Describe in Sch	•		•	
		educational meetings to ad- rves approximately 22,000			romote the maintenance of high st	tandards of competence with the
4c	(Code) (Expenses \$	5,279,719	including grants of \$) (Revenue \$	4,837,040)
	Examinations-Conduct approximately 35,000 s		h enable the actua	y to carry out his/her respo	nsibility in a competent and profe	ssional manner Serves
4b	(Code) (Expenses \$	12,474,481	including grants of \$) (Revenue \$	18,566,442)
	and the costs of providi	ng services to members SC idates, and the general pub	A publications prov	ide various forums for the o	re principally used to fund the SOA dissemination of actuarial knowled Actuary, The North American Actua	ge of the associations' more tha
4a	(Code) (Expenses \$	8,553,479	including grants of \$	936,736) (Revenue \$	10,720,263)
4	Section 501(c)(3) a		ions and sectio	n 4947(a)(1) trusts ar	argest program services by re required to report the amo ervice reported	•
	If "Yes," describe th	ese changes on Sched	ule O			
3	Did the organization services?	cease conducting, or r	make sıgnıfıcanı	changes in how it con	ducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O			
2	•	undertake any signific or 990-EZ?			which were not listed on	┌ Yes ┌ No

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	Julieuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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? <i>If</i> "Yes," complete Schedule L, Part I	25a		Νο
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		No
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		Νο
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		Νo
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	Yes	

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-	Vaa	
L	return?	3a 3b	Yes	
		3D	res	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
	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		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	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?			
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	u		
	year 12b			

475 N Martingale Drive Suite 600 Schaumburg, IL 601732252

(847) 706-3500

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

Se	ection A. Governing Body and Management							
			Yes	No				
	Enterthe months of the control of th							
1a b	Enter the number of voting members of the governing body 1a 28 Enter the number of voting members that are independent 1b 28							
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any							
2	other officer, director, trustee, or key employee?	2	Yes					
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο				
6	Does the organization have members or stockholders?	6	Yes					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	venue Code.)							
			Yes	No				
	Does the organization have local chapters, branches, or affiliates?	10a		Νo				
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		Νo				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο				
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						
	Let the Chates with which a conventition form 000 to required to be field.							
17	List the States with which a copy of this Form 990 is required to be filed IL Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							
18	(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. See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨				
	Stacy R Lin							

Part VIII 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	r, dırector, trustee	or key employee								
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►27

			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		Νo
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? <i>If "Yes," complete Schedule J for such</i>			
	ındıvıdual	4	Yes	
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	_		
	refluence to the organization. If yes, complete schedules for sach person	5	(!	Νo

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
Prometric PO Box 223608 Pittsburgh, PA 15251	Host test centers	2,538,635
Golin Harris 111 East Wacker Drive Chicago, IL 60601	Consulting	1,231,492
MIB 160 University Avenue Westwood, MA 02090	Experience Studies	754,259
Globebyte Limited 41 London Road United Kingdom UK	Consulting	511,618
TMA Resources 1919 Gallows Road Suite 400 Vienna, VA 22182	Computer Consultant	359,200
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►14	who received more than	

Form 99								Page 9
Part V	<u> </u>	Statement o	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
# # F	1a	Federated camp	paigns 1a					
호호	ь	Membership du	es	10,720,263				
કે. a∰	С	Fundraising eve	ents 1c					
<u>ਡ</u> ੁਛ	d	Related organiz	ations 1d					
ξŒ	e	Government grants	s (contributions) 1e					
ıtío er ۹	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	17,115				
Contributions, gifts, grants and other similar amounts	g	Noncash contri	butions included in					
걸	h				10,737,378			
<u> </u>		Total. Add filles			10,737,370			
nue.	2a	Examination Fees		Business Code 611,710	18,566,442	18,566,442		
e Ke	ь	Meeting Registration	on	611,710	4,837,040	4,837,040		
Program Service Revenue	c	Research Income	···	541,900	1,197,957	1,197,957		
7. 2	d	Sponsorships		541,800	498,590	498,590		
å ⊆	e	Publications		511,190	16,449	13,888	2,561	
เลือ	f	All other progra	ım service revenue					
کے	g	Total Add lines	s 2a – 2f	<u> </u>	25,116,478			
	3		ome (including dividen		20,220,			
		and other simila	aramounts)	▶ [360,385			360,385
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		-				
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
		Traction and the or	(ı) Securities	(II) O ther				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and						
		sales expenses Gain or (loss)						
	c d		s)					
	8a	Gross income f						
Other Revenue	b	See Part IV, lin	reported on line 1c) e 18 a penses b					
0	С		loss) from fundraising	events 🕦				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b		penses b	<u> </u>				
	с 10а	Gross sales of returns and allo		vities				
	ь	less cost of -	a cods sold b					
	С		loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	Website-Joblink	<	541,800	134,107		134,107	
	b	Centers of Exce	ellence	541,800	22,500	22,500		
	С	Mailing Labels		541,800	15,361	15,361		
	d	All other revenu			21,527	21,527		
	е	Total. Add lines	s 11a-11d		193,495			
	12	Total revenue.	See Instructions .	▶[36,407,736	25,173,305	136,668	360,385

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	607,738	607,738		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	245,805	245,805		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	83,193	83,193		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,002,478	2,432,007	570,471	
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	6,248,192	5,074,758	1,165,321	8,113
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	793,755	665,472	127,587	696
9	Other employee benefits	967,060	810,768	 	848
10	Payroll taxes	632,898	530,612	 	555
11	Fees for services (non-employees)	332,090	330,012	101,731	
a	Management	355.005	221 020	124.066	
D	Legal	355,905	231,839	' 	
с	Accounting	94,970		94,970	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,418,900	1,364,204	54,696	
12	Advertising and promotion				
13	Office expenses	4,429,346	4,218,227	211,119	
14	Information technology				
15	Royalties				
16	Occupancy	1,012,156	865,393	146,763	
17	Travel	2,776,337	2,499,986	276,351	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,369,833	3,212,487	157,346	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,920,640	1,767,349	153,291	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Host for test centers	2,776,340	2,776,340		
ь	Equipment Maintenance	1,135,710	966,808	168,902	
c	Experience Studies	844,891	844,891		
d	Miscellaneous	737,757	192,913	544,844	
e	Honoraria	357,867	357,867	 	_
f	All other expenses	1,175,010	1,131,878		
25	Total functional expenses. Add lines 1 through 24f	34,986,781	30,880,535	 	10,212
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	31,300,701	30,000,333	1,030,034	14,616
	campaign and iditarising Sullcitation		<u> </u>		

Cash—mon-interest-bearing Seguring of year	Pa	rt X	Balance Sheet				
2 Savings and temporary cash investments 14.480.543 2 17.407.394 3 Pledges and grants receivable, net 2.838.422 4 1.280,188 4 Accounts receivable, net 2.838.422 4 1.280,188 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(f)(3)(8) Complete Part II of Schedule L 6 7 Rotes and loans receivable, net 7 7 Prepaid sepances and deferred charges 2.299.984 8 241.512 8 Inventories for sale or use 229.9964 8 241.512 9 Prepaid sepances and deferred charges 4.82.015 9 630.873 10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D 10.180.288 Part V of Schedule D 13.838.392 11 13.886.874 11 Investments—publicly traded securities 11 10b 5.380.392 4.782.233 10c 3.788.874 12 Investments—program-related See Part IV, line 11 13 11 11 11 11 11 11 11 11 11 11 11							
3 Pledges and grants receivable, net 2,596,452 4 1,280,168		1	Cash—non-interest-bearing		866,992	1	385,873
4 Accounts receivable, net		2	Savings and temporary cash investments		14,490,543	2	17,407,394
Secretables from current and former officers, directors, trustees, key employees, and inglest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net			3	_
Second Second		4	Accounts receivable, net		2,536,452	4	1,280,168
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Complete Part II of Schedule L		5		s, key employees, and			
Persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			Schedule L			5	
Notes and loans receivable, net 29,3484		6					
9			Schedule L			6	
9 Prepaid expenses and deferred charges	i	7	Notes and loans receivable, net			7	
100	8	8	Inventories for sale or use		239,364	8	241,512
Deferred revenue 18 19 19 19 19 19 19 19	⋖	9	Prepaid expenses and deferred charges		482,015	9	630,873
11 Investments—publicly traded securities		10a					
12 Investments—other securities See Part IV Inie 11 13 13 14 14 15 14 15 14 15 15		ь	Less accumulated depreciation	10b 6,389,392	4,782,233	10c	3,768,874
13		11	Investments—publicly traded securities		13,536,322	11	13,810,168
14		12	Investments—other securities See Part IV, line 11			12	
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11			13	
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets			14	
17		15	Other assets See Part IV, line 11		150,121	15	113,681
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)		37,084,042	16	37,638,543
19 Deferred revenue		17	Accounts payable and accrued expenses .		6,883,684	17	5,428,553
Tax-exempt bond liabilities		18	Grants payable			18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue		5,351,206	19	5,648,282
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities			20	
23 Secured mortgages and notes payable to unrelated third parties	<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	leD		21	
23 Secured mortgages and notes payable to unrelated third parties	abilit	22					
24 Unsecured notes and loans payable to unrelated third parties	Ë		persons Complete Part II of Schedule L			22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties			23	
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties			24	
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			25	
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25		12,234,890	26	11,076,835
lines 30 through 34. 30 Capital stock or trust principal, or current funds	φ		- · · · · · · · · · · · · · · · · · · ·	olete lines 27			
lines 30 through 34. 30 Capital stock or trust principal, or current funds	ğ	27			24.807.935	27	26.561.708
lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> 85</u>						0
lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> </u>					-	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	H			nd complete			
30 Capital stock or trust principal, or current funds	<u>-</u>		•				
33 Total net assets or fund balances		30	_			30	
33 Total net assets or fund balances	Šet	31	Paid-in or capital surplus, or land, building or equipment fund			31	
33 Total net assets or fund balances	Ą	32	Retained earnings, endowment, accumulated income, or other fu	ınds		32	
34 Total liabilities and net assets/fund balances		33	Total net assets or fund balances		24,849,152	33	26,561,708
	_	34	Total liabilities and net assets/fund balances		37,084,042	34	37,638,543

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
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		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

7

10

h

Name of the organization

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.

Inspection Employer identification number

Society of Actuaries 36-2136422 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in

section 170(b)(1)(A)(vi) (Complete Part II)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).

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

Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons

other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

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

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

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in inized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support			•			
Cale	ndar 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")	6,730,277	9,226,046	9,829,696	10,410,663	10,737,378	46,934,060
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	18,614,129	25,230,274	24,768,816	26,288,328	24,601,439	119,502,98
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	25,344,406	34,456,320	34,598,512	36,698,991	35,338,817	166,437,04
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	16,645	24,870	24,870	19,375	16,155	101,91
b	A mounts 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	16,645	24,870	24,870	19,375	16,155	101,91
8	Public Support (Subtract line 7c from line 6)						166,335,13
Se	ection B. Total Support						
	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	beginning in) A mounts from line 6	25,344,406	34,456,320	34,598,512	36,698,991	35,338,817	166,437,04
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	552,272	1,072,424	1,075,890	765,963	360,385	3,826,93
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b Net income from unrelated	552,272	1,072,424	1,075,890	765,963	360,385	3,826,93
11	business activities not included in line 10b, whether or not the business is regularly carried on	70,343	145,600	125,594	38,042	123,786	503,36
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					193,495	193,49
13	Total support (Add lines 9, 10c, 11 and 12)	25,967,021	35,674,344	35,799,996	37,502,996	36,016,483	170,960,84
14	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or	fifth tax year as a	1 501(c)(3) orgar	ilzation,
	ection C. Computation of Pub			12 1 (0)		T T	
15 16	Public Support Percentage for 200 Public Support percentage from 20			13 column (f))		15	97 290 %
TO .	rublic support percentage from 20.	uo schedule A. P.	au iii iine ib			16	07 140 0/

15	97 290	%
16	97 140	<u>~</u>

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17 18

17	2 240	%
18	2 550	%

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

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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 36-2136422

Name: Society of Actuaries

1,197,957)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4a.	Other program services				
((Code) (Expenses \$	4,572,856	including grants of \$) (Revenue \$

Research-Conduct research activities in actuarial science, publish results to promote and maintain high standards of competence in the actuarial profession and advance actuarial knowledge. Serves approximately 22,000 members and the general public

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per		tion (that a	(che)	_	1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Jeffrey G Allen Board Member	1 00	×						0	0	0
Mary Bahna-Nolan Vice-President	1 00	x						0	0	0
Tom Bakos Vice-President	1 00	Х						0	0	0
Anne Button Board Member	1 00	X						0	0	0
Steven Easson Board Member	1 00	X						0	0	0
William Falk Board Member	1 00	Х						0	0	0
Christopher Fievoli Board Member	1 00	X						0	0	0
Mark Freedman Board Member	1 00	X						0	0	0
James Glickman Vice-President	1 00	X						0	0	0
Jeremy Gold Board Member	1 00	Χ						0	0	0
Philip Gold Board Member	1 00	X						0	0	0
R Dale Hall Board Member	1 00	X						0	0	0
Mary Hardy Vice-President	1 00	X						0	0	0
Shıraz Jetha Board Member	1 00	Χ						0	0	0
Al Klein Board Member	1 00	X						0	0	0
Tonya B Manning Board Member	1 00	X						0	0	0
John Nigh Board Member	1 00	X						0	0	0
Edward Robbins Penultimate President	1 00	Χ		Х				0	0	0
Alice Rosenblatt Board Member	1 00	X						0	0	0
Francis P Sabatini Board Member	1 00	X						0	0	0
Donald J Segal Vıce-President	1 00	X						0	0	0
Sım Segal Board Member	1 00	X						0	0	0
Matine Sohier Board Member	1 00	X						0	0	0
Thomas S Terry Board Member	1 00	X						0	0	0
Cecil D Bykerk President	1 00			Х				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	che	cka /)	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Errol Cramer Vice-President	1 00			Χ				0	0	0
S Michael McLaughlin Presiden Elect	1 00			Х				0	0	0
Bruce Schobel Past President	1 00			Х				0	0	0
Greg Heidrich Executive Director	40 00			Х				347,420	0	43,522
Stacy Lin Deputy ED/CFO	40 00			Х				341,759	0	44,050
Michael Boot MD of AMS	40 00				X			209,567	0	35,205
Emily Kessler Staff A ctuary	40 00				X			208,786	0	28,290
Margaret Ann Jordan MD of Strategy and IT	40 00				X			207,291	0	31,625
Ken Guthrie MD of Education	40 00				X			204,246	0	39,217
Bruce Iverson MD of Research	40 00				X			199,476	0	38,891
Robert Wolf Staff A ctuary	40 00					X		190,649	0	39,323
Steve Siegel Research Actuary	40 00					X		184,100	0	37,230
Andrew Peterson Staff Actuary	40 00					Х		169,675	0	30,411
Sara Teppema Staff A ctuary	40 00					X		167,242	0	15,381
Judith Powills Dir of Assessments	40 00					X		160,774	0	34,749
Sarah Sanford FORMER EXECUTIVE DIR	1 00						Х	0	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Examination Fees	611,710	18,566,442	18,566,442		
Meeting Registration	611,710	4,837,040	4,837,040		
Research Income	541,900	1,197,957	1,197,957		
Sponsorships	541,800	498,590	498,590		
Publications	511,190	16,449	13,888	2,561	

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Host for test centers	2,776,340	2,776,340		
Equipment Maintenance	1,135,710	966,808	168,902	
Experience Studies	844,891	844,891		
Miscellaneous	737,757	192,913	544,844	
Honoraria	357,867	357,867		

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DLN: 93493319068170

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

ınaı Re	venue Service PAttach to Fo	orm 990. F See separate instructions.			Tilsheri	ilon
	of the organization of Actuaries		Emp	loyer identificat	ion numbe	er
			36-	2136422		
Part			unds	or Accounts.	Complet	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and ot	her accou	nte
т.	otal number at end of year	(a) Donor advised funds	'	(b) I dilas alla ot	iller accou	111.5
	ggregate contributions to (during year)					
	ggregate grants from (during year)					
	ggregate value at end of year					
				and a		
	nd the organization inform all donors and donor advi ands are the organization's property, subject to the		ior auvi	seu	☐ Yes	☐ No
u	ld the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit				┌ Yes	┌ No
art	II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV	, lıne 7.	
Г Г С	urpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space omplete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certıfıe	d historic struct	•	a
				Held at the	End of the	Year
a T	otal number of conservation easements		2a			
Т	otal acreage restricted by conservation easements		2b			
N	umber of conservation easements on a certified his	toric structure included in (a)	2c			
ı N	umber of conservation easements included in (c) a	2d				
tl	umber of conservation easements modified, transfer ne taxable year - umber of states where property subject to conserva		ed by th	ne organization o	luring	
D	oes the organization have a written policy regarding nforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	—— dling of	violations, and	☐ Yes	┌ No
S	taff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents d	uring the year 🕨	·	
Α	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year ► \$ _		
	oes each conservation easement reported on line 2 $70(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t ne organization's accounting for conservation easen	he footnote to the organization's financia	•	•		
art I	Organizations Maintaining Collection Complete if the organization answered '		or Ot	her Similar A	Assets.	
а	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or resear	ch ın fu			Ξ,
h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i				
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			► \$		
I	f the organization received or held works of art, histoplowing amounts required to be reported under SFA		or finan			
	evenues included in Form 990, Part VIII, line 1			▶ \$		
- 1	erendes included in Form 550, Fait vill, fille 1			- Ψ		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	ires, or C	<u>)the</u>	<u>r Similar</u>	Asse	: ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing t	that ar	e a significa	ant u	se of its co	llection	1	
а	Public exhibition		d	Γ	Loan	orexcl	hange prog	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	v furthe	er the c	oraanızatıor	ı's ex	empt purp	ose in		
	Part XIV				,		.					
5	During the year, did the organization solicit of								nılar	_		–
Dow	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than the sold to take t								'ac" ta Far		Yes	│ No
Pall	Part IV, line 9, or reported an an						i aliswele	u i	es to roi	ווו פפנ	' ,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	etsı	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		_					
										A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year 1e							1e				
f	Ending balance											
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							厂	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	!										
Par	t V Endowment Funds. Complete											
		(a)Current Year	(b)) Prior `	<u>fear</u>	(c) Tw	o Years Back	(d)	Three Years E	lack (e)Four Ye	ears Back
1a	Beginning of year balance		<u> </u>									
b	Contributions		<u> </u>					+				
с	Investment earnings or losses		 									
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as			•						
а	Board designated or quasi-endowment	%										
ь	Permanent endowment %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	ıdmınıstere	d for	the			
	organization by	-							ı		Yes	No
	(i) unrelated organizations							•		3a(i)	Ь—	<u> </u>
_	(ii) related organizations							•		3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b	<u> </u>	<u> </u>
	VI Investments—Land, Buildings					QN Da	art V line	10				
reil	tvi investments—Land, bandings	s, and Equipme) Cost or	•	(b)Cost or o		(c) Accumu	ulated		
	Description of investment				is (inves		basis (oth		deprecial		(d) Bo	ok value
1a L	and											
b E	Buildings		•									
c L	easehold improvements						350),575	1	38,764		211,811
	Equipment						4,397	7,644	3,6	16,425		781,219
e (Other			1			I = 444	0,047	1 26	34,203		2,775,844
	. Add lines 1a-1e (Column (d) should equal Fo						5,410	,047	<u></u> ▶	34,203		3,768,874

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

4:11	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,407,736
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,986,781
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,420,955
4	Net unrealized gains (losses) on investments	4	291,601
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	291,601
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,712,556
Part		er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	36,699,337
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	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	2e	291,601
3	Subtract line 2e from line 1	3	36,407,736
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,407,736
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	34,986,781
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	34,986,781
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	34,986,781

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, 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

Identifier Return Reference Explanation

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DLN: 93493319068170

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Society of Actuaries 36-2136422 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) North America Grants to recipients Educational or research 65,859 Europe Grants to recipients Educational or research 17,334 East Asia and Pacific 1 1 Program Services Education 82,030

Totals

165,223

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
		North America	Educational Grant	7,500	Check			
		North America	Research Grant	6,000	Check			
Enter total nu	 mber of recipi	 ent organizations	listed above that are	 recognized as charit	les by the foreian c	country, recognized	as	
			ntee or counsel has pro					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	C 1 I (101111 330) II de	adicional space	is necaca.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Educational Grants	North America	4	40,000	Check			
Educational Grants	Europe (Including Iceland & Greenland)	1	5,000	Check			
Research Grants	North America	8	12,359	Check			
Research Grants	Europe (Including Iceland & Greenland)	3	8,334	Check			

Schedule F (Form 990) 2009

Complete this part to pr	ovide the information required	ın Part I, line 2, and any addıtıonal ınformatıon.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 All educational grants state that the funds are to be used for educational expenses The review, selection, and monitoring of research grants is conducted by a project oversight group (POG) and progress is tracked

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

2009

DLN: 93493319068170

Open to Public Inspection

Name of the organization			Employer identification number					
Society of Actuaries							36-2136422	
Part I Gener	al Information	on Grants and	Assistance				•	
the selection c	riteria used to awai	rd the grants or as:	sistance?	-	e grantees' eligibility for		•	✓ Yes N
Form 9	90, Part IV, line	21 for any recip	ent that received n	nore than \$5,000. Ch	United States. Coneck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and add organizatio or governme	n	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Addıtıonal Da	ta Table							

Enter total	number	ofsection	501(c)(3)	and	gov	ernr	nent	or	gan	ızat	ions
Enter total	number	of other or	ganızatıon	s.							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Research Grants	29	154,352			
Educational Grants	158	79,925			
See Additional Data Table					
				•	

Part IV Supplem	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.											
Ident if ier	Return Reference	Explanation										
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All research grants are monitored by a project oversight group and recipients are required to submit progress reports										

Software ID:

Software Version:

EIN: 36-2136422

Name: Society of Actuaries

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Illinois State University Campus Box 4520 Normal,IL 61790	37-6014070		8,000				Educational School
Howard University2600 6th Street NW Suite 222 Washington,DC 20059	53-0204707		16,000				Educational School
Gıbralter Analytıcal315 Washıngton Ave South Hopkıns, MN 55343	26-1890278		15,000				Research Grant
Albany College of Pharmacy 106 New Scotland Avenue Albany, NY 12208	14-1423161		20,255				Research Grant
Lewish & Ellis2929 N Central Expressway Richardson,TX 75080	75-1281250		40,000				Research Grant
Rudolph Financial Consulting LLC5002 S 237th Circle Elkhorn, NE 68022	20-5431956		44,165				Research Grant
MBA Actuaries1400 Old Mill Circle Winston Salem, NC 27103	22-2217495		25,000				Research Grant
University of California2150 Shattuck Avenue Berkley,CA 94704	94-6002123		30,500				Research Grant
Matthew Greenwalk & Associates4201 Connecticut Ave NW Washington, DC 20008	52-1400743		30,000				Research Grant
Synovate37090 Eagle Way Chicago,IL 60678	36-2061602		7,500				Research Grant

Form 990,Schedule I, Part	II, Grants and	1 Other Assistance	to Governments /	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance ,	(h) Purpose of grant or assistance
PricewaterhouseCoopersOne North Wacker Chicago,IL 60606	13-4008324		70,000				Research Grants
Mıllıman Inc121 Mıddle Street Portland, ME 04101	91-0675641		112,500				Research Grants
Lifeplans Inc51 Sawyer Road Waltham, MA 02453	04-2925808		7,250				Research Grants
DF Holdings Inc220 Farmington Ave Farminton, CT 06032	06-1562433		6,000				Research Grants
Deloitte Consulting LLP111 S Wacker Drive Chicago, IL 60606	06-1454513		25,000				Research Grants
FLG Enterprises LLC2020 Pennsylvania Ave NW Washington, DC 20006	27-0354362		15,000				Research Grants
MIB50 Brain Tree Hill Park Braintree, MA 02184	04-3482764		50,000				Research Grants
NC State FoundationCampus Box 8113 Raleigh, NC 27695	56-6049503		9,000				Research Grant
Towers Perrin1500 Market Street Philadelphia, PA 19102	23-1159360	!	50,000		1	!	Research Grant

Compensation Information

DLN: 93493319068170

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Soci	ety of Actuaries						
	,			36-2136422			
Pa	rt I Questions Regarding Compensation						
						Yes	Νο
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	о p.o.	Housing allowance or residence for				
	✓ Travel for companions	<u>'</u> —	Payments for business use of perso	•			
	Tax idemnification and gross-up payments	, -					
	Discretionary spending account	Ë	Personal services (e.g., maid, chauf				
	, Discretionary spending decoding	'	r ersonar services (e g , mara, enaar	incur, chery			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe				1b	Yes	
2	Did the organization require substantiation prior to rein						
	officers, directors, trustees, and the CEO/Executive Di)ırect	or, regarding the items checked in lin	e 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		•	1			
	Compensation committee	ᅜ					
	Independent compensation consultant	Ī	' '				
	Form 990 of other organizations	Ī	Approval by the board or compensa	tion committee			
	· •	·					
4	During the year, did any person listed in Form 990, Par or a related organization	art VII	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control pa	aymer	nt?		4a		Νo
ь	Participate in, or receive payment from, a supplementa	alnon	iqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde th	ne applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must						
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid		•				
	subject to the initial contract exception described in Re	Regs	section 53 4958-4(a)(3)? If "Yes," (describe			
	ın Part III				8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53, 4958-6(c)?	ebutt	able presumption procedure describe	d in Regulations			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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		f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Greg Heidrich	(I) (II)	327,420 0	20,000		24,500	19,022	390,942	J	
Stacy Lin	(ı) (ıı)	254,274 0	25,985		24,500	19,550 0	385,809		
Michael Boot	(ı) (ıı)	192,754 0	16,813	0	20,956	14,249 0	244,772)	
Emily Kessler	(ı) (ıı)	197,488 0	11,298 0	0	20,878	7,412 0	2 237,076)	
Margaret Ann Jordan	(I) (II)	191,631 0	15,660	0	20,729	10,896 0	238,916	,	
Ken Guthrie	(I) (II)	186,600 0	17,646 0	0 0	20,424	18,793 0	243,463)	
Bruce Iverson	(ı) (ıı)	188,566 0	10,910		19,947	18,944 0	238,367)	
Robert Wolf	(I) (II)	187,582 0	3,067		19,065	20,258	229,972)	
Steve Siegel	(I) (II)	169,185 0	14,915	0 0	18,398	18,832 0	2 221,330)	
Andrew Peterson	(I) (II)	160,320 0	9,355	0	11,639	18,772 0	200,086	J	
Sara Teppema	(I) (II)	157,242 0	10,000	0 0	1	15,381 0	1 182,623	,	
Judith Powills	(I) (II)	148,289 0	12,485		16,077	18,672 0	195,523	,	
	'		'						
	'		 	-					
				-	+				

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

Ident if ier	Ret urn Ref erence	Explanation
		The lesser of first class or business class travel is allowed on flights longer than 7 hours and outside the US and Canada Spousal travel is allowed for the President and President-Elect. In order to promote a healthy lifestyle, health club dues are provided up to \$120 per calendar year

Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

200

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

> Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization
Society of Actuaries

Employer identification number
36-2136422

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Board member Tom Terry and Board member Don Segal have a business relationship
Form 990, Part VI, Section A, line 6		The organization has over 22,000 members who pay dues annually
Form 990, Part VI, Section A, line 7a		The organization has an annual election in which all members have the opportunity to participate and vote on Board members
Form 990, Part VI, Section A, line 7b		The Bylaw's may be altered, amended, or repealed and new Bylaw's may be adopted by an affirmative vote of two-thirds of the entire Board of Directors, but provisions affecting the substantive rights of the SOA's members also require the affirmative vote of two-thirds or at least twenty-five percent of Fellow's, if at a meeting, or a majority of Fellow's entitled to vote, if in wirting
Form 990, Part VI, Section B, line 11		The return was prepared by the organization and was reviewed by our outside tax advisor. The Audit Committee then reviewed the return with our outside tax advisor and provided further comments before they approved it for filing with the IRS. This review conducted by the Audit Committee is consistent with their duties as outlined in their charter.
Form 990, Part VI, Section B, line 12c		Any individual involved in an SOA activity or decision-making process has an obligation to disclose annually any conflicting or potentially conflicting personal, professional or business interest he or she may have, directly or indirectly, with the affected activity or decision. All forms are collected by the appropriate internal staff member if a conflict were to exist it would be reviewed by counsel and/or the Leadership Team.
Form 990, Part VI, Section B, Ine 15		A compensation study is performed every few years to complete a market comparison study for all positions of the organization. Additionally, market data is gathered each year to determine the annual compensation adjustment for all employees. The Leadership Team with input from the Board is responsible for determining compensation and benefits for the Executive Director after reviewing comparable data from several independent sources. Additionally, the Leadership Team reviews management's recommendation for annual compensation adjustments for key employees.
Form 990, Part VI, Section C, line 19		Governing documents are available on the website, soa org. Financial statements may be requested from management