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990

Form 990
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)

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

OMB No. 1545-0047

2009

Open to Public
Inspection

POSTMARK DATE OCT 07 2010

A For the 2009 calendar year, or tax year beginning

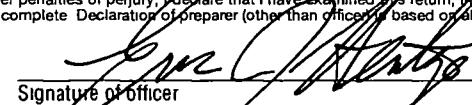
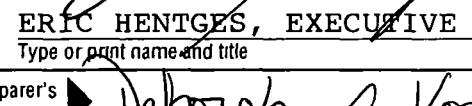
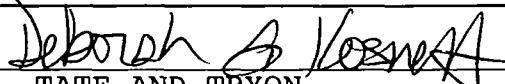
and ending

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ILSI NORTH AMERICA		D Employer identification number 52-1745052		
	Doing Business As		E Telephone number 202-659-0074		
	See Specific Instructions Number and street (or P O box if mail is not delivered to street address) 1156 15TH STREET, NW		Room/suite 2ND FL	G Gross receipts \$ 3,283,847.	
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	F Name and address of principal officer: ERIC HENTGES SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: ► WWW.ILSINA.ORG		H(c) Group exemption number ►			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1991		M State of legal domicile DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ILSI NORTH AMERICA IS A UNIQUE NONPROFIT ORGANIZATION BASED IN WASHINGTON, DC, THAT PROVIDES A		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of employees (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,359,583.	3,106,869.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,373.	90,864.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	166,500.	86,114.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,494.	3,627,950.
		3,627,950.	3,283,847.
		119,061.	287,877.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	995,325.	999,538.
	16a Professional fundraising fees (Part IX, column (A), line 16e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	26,718.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,820,862.	1,617,597.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,935,248.	2,905,012.
19 Revenue less expenses Subtract line 18 from line 12	692,702.	378,835.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	4,558,794.	5,016,847.
	21 Total liabilities (Part X, line 26)	847,751.	795,829.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,711,043.	4,221,018.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) based on all information of which preparer has any knowledge			
	 <input type="checkbox"/> Signature of officer ERIC HENTGES, EXECUTIVE DIRECTOR <input type="checkbox"/> Type or print name and title			
	 <input type="checkbox"/> Date 10/1/10			
Paid Preparer's Use Only	Preparer's signature ► 	Date 9/30/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► TATE AND TRYON 805 15TH STREET, NW SUITE 900 WASHINGTON, DC 20005	EIN ► (202) 293-2200		
		Phone no ► (202) 293-2200		

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

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
ILSI NORTH AMERICA WAS INCORPORATED IN ORDER TO ADVANCE THE UNDERSTANDING AND RESOLUTION OF SCIENTIFIC PROBLEMS IN NUTRITION, TOXICOLOGY, AND FOOD SAFETY THROUGH COOPERATIVE PROGRAMS INVOLVING SCIENTISTS IN THE ACADEMIC, GOVERNMENT, INDUSTRIAL, AND PUBLIC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
 SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 281,959. including grants of \$ 63,000.) (Revenue \$)
THE ILSI NORTH AMERICA FOOD AND CHEMICAL SAFETY COMMITTEE - IS INVESTIGATING ISSUES RELATED TO ARTIFICIAL FOOD COLORS AND HYPERACTIVITY, APPLICATION OF NANOTECHNOLOGY IN FOODS, EPIDEMIOLOGICAL EVIDENCE IN PUBLIC HEALTH RECOMMENDATIONS AND FOLLOWS SCIENTIFIC RESEARCH RELATED TO PROCESS-GENERATED COMPOUNDS IN FOODS, MYCOTOXINS AND BISPHENOL A. THE COMMITTEE HAS REVIEWED THE AVAILABLE CLINICAL CHALLENGE DATA FOR PEANUT ALLERGENS TO EXPLORE DEVELOPMENT OF A DOSE-RESPONSE CURVE FOR RISK CHARACTERIZATION OF THE SENSITIZED POPULATION AND THE RESULTS FROM THIS WORK WERE PUBLISHED IN PEER-REVIEWED LITERATURE IN 2009. THE COMMITTEE IS WORKING ON A PROJECT WITH A GOAL OF INCREASING UNDERSTANDING OF THE SAFETY OF NANO-SCALE MATERIALS WITH POTENTIAL FOR USE IN FOOD-RELATED

4b (Code.) (Expenses \$ 280,150. including grants of \$ 102,727.) (Revenue \$)
THE ILSI NORTH AMERICA FOOD MICROBIOLOGY COMMITTEE - HAS BEEN INVOLVED IN RESEARCH OF CONTAMINATION OF LOW-MOISTURE FOOD COMMODITIES WITH SALMONELLA, A PRIORITY FOOD SAFETY ISSUE. THE COMMITTEE HAS PARTNERED WITH THE AMERICAN PEANUT COUNCIL AND OTHERS TO DEVELOP A HARMONIZED FRAMEWORK FOR IDENTIFYING AND QUANTIFYING SALMONELLA IN RAW PEANUTS, ESTIMATING POPULATION EXPOSURE RISK, AND DETERMINING MEANS OF CONTROL. ISOLATES FROM THE ILSI NORTH AMERICA L. MONOCYTOGENES AND E. SAKAZAKII REFERENCE STRAIN COLLECTION, HOUSED AT CORNELL UNIVERSITY, ARE DISTRIBUTED FOR A MINIMAL CHARGE TO RESEARCHERS AROUND THE WORLD. IN 2009, THE COMMITTEE SUPPORTED THE EXPANSION OF THE STRAIN COLLECTION TO INCLUDE SALMONELLA ISOLATES. THE COMMITTEE ISSUED A REQUEST FOR RESEARCH PROPOSALS "TECHNOLOGY AND PROCESS TO CONTROL SALMONELLA IN

4c (Code.) (Expenses \$ 244,187. including grants of \$) (Revenue \$)
THE ILSI NORTH AMERICA CARBOHYDRATES COMMITTEE - PROVIDED COMMENTS TO THE UDSA 2010 DIETARY GUIDELINES ADVISORY COMMITTEE SUMMARIZING PROJECTS RELATED TO ADDED SUGARS, FRUCTOSE AND FIBER. THE COMMITTEE COMPLETED AND PUBLISHED DATA FROM A PROJECT TO UPDATE "TABLE J: ASSOCIATION OF ADDED SUGARS INTAKE AND INTAKE OF OTHER NUTRIENTS" FROM THE INSTITUTE OF MEDICINE'S DIETARY REFERENCE INTAKES MACRONUTRIENT REPORT (2005). THIS UPDATE APPLIED THE NEWEST NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY DATA SETS AND INCLUDED INTAKE ESTIMATES OF ADDITIONAL MACRO- AND MICRONUTRIENTS, AS WELL AS DIETARY SUPPLEMENTS. PUBLICATION OF A FULL SUPPLEMENT WAS FUNDED SUMMARIZING RECENT SCIENCE ON FRUCTOSE-CONTAINING SWEETENERS. THE COMMITTEE FUNDED AND ORGANIZED A WEBINAR SUMMARIZING INFORMATION FROM THIS PUBLICATION AND OTHER

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 1,217,612. including grants of \$ 122,150.) (Revenue \$ 90,864.)

4e Total program service expenses ► \$ 2,023,908.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3		X
4		X
5	N/A	
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13		X
14a		X
14b	X	
15	X	
16		X
17		X
18		X
19		X
20		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
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 X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	15
1b		1b	0
1c		1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	Organizations that may receive deductible contributions under section 170(c).	7b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.	N/A	
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:	N/A	
a	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	10b	
11	Section 501(c)(12) organizations. Enter:	N/A	
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a 31
 b Enter the number of voting members that are independent 1b 31

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X

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

6 Does the organization have members or stockholders? 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

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

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X

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

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

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 10b

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

12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12a X

13 Does the organization have a written whistleblower policy? 12b X

14 Does the organization have a written document retention and destruction policy? 12c X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 a The organization's CEO, Executive Director, or top management official
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 13 X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 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? 14 X

16b 15a X
 15b X

16a X
 16b X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►CA, GA, IL, KS, MA, MI, MN, MO, NJ, NY, NC, OH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 BETH-ELLEN BERRY - 202-659-0074
 1156 15TH STREET, NW 2ND FL, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ELAINE WEDRAL, PH.D. PRESIDENT	4.00	X		X			0.	0.	0.
DAVID B. ALLISON, PH.D. TRUSTEE	2.00	X					0.	0.	0.
RHONA S. APPLEBAUM, PH.D VICE PRESIDENT	2.00	X		X			0.	0.	0.
STEPHANIE A. ATKINSON, P TRUSTEE	2.00	X					0.	0.	0.
FERGUS M. CLYDESDALE, PH CHAIR	2.00	X		X			0.	0.	0.
F. KERR DOW, PH.D. TRUSTEE	2.00	X					0.	0.	0.
MICHAEL P. DOYLE, PH.D. TRUSTEE	2.00	X					0.	0.	0.
ADAM DREWNOWSKI, PH.D. TRUSTEE	2.00	X					0.	0.	0.
GEORGE DUNAIF, PH.D. TRUSTEE	2.00	X					0.	0.	0.
JOHANNA T. DWYER, DSC, R TRUSTEE	2.00	X					0.	0.	0.
MARK W. EMPIE, PH.D. TRUSTEE	2.00	X					0.	0.	0.
JOHN W. ERDMAN, PH.D. TRUSTEE	2.00	X					0.	0.	0.
KENNETH FALCI, PH.D. TRUSTEE	2.00	X					0.	0.	0.
ROBERT W. FISHER, PH.D. TRUSTEE	2.00	X					0.	0.	0.
NANCY A. HIGLEY, PH.D. TRUSTEE	2.00	X					0.	0.	0.
JAMES O. HILL, PH.D. TRUSTEE	2.00	X					0.	0.	0.
JANET C. KING, PH.D. TRUSTEE	2.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ZDENEK KRATKY, PH.D. TRUSTEE	2.00	X					0.	0.	0.
DARYL LUND, PH.D. TRUSTEE	2.00	X					0.	0.	0.
JOANNE R. LUPTON, PH.D. TRUSTEE	2.00	X					0.	0.	0.
JAMES M. MEAD SEC/TREASURER	2.00	X	X				0.	0.	0.
SANFORD A. MILLER, PH.D. TRUSTEE	2.00	X					0.	0.	0.
SUSAN OFFUTT, PH.D. TRUSTEE	2.00	X					0.	0.	0.
RICHARD RAYMOND, MD TRUSTEE	2.00	X					0.	0.	0.
STEVEN W. RIZK, PH.D. TRUSTEE	2.00	X					0.	0.	0.
JEAN E. SPENCE, M. ENG. TRUSTEE	2.00	X					0.	0.	0.
ROBERT D. STEELE, PH.D. TRUSTEE	2.00	X					0.	0.	0.
1b Total						►	404,157.	196,583.	94,489.

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

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
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
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

Yes	No
3	X
4	X
5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ABT ASSOCIATES, INC. P.O. BOX 84-5586, BOSTON, MA 02284	DATA ANALYSIS	113,386.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,106,869.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f			3,106,869.		
Program Service Revenue	2 a REGISTRATION FEES	Business Code 900099	90,864.	90,864.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			90,864.		
	3 Investment income (including dividends, interest, and other similar amounts)	►	86,114.			86,114.
4 Income from investment of tax-exempt bond proceeds	►					
5 Royalties	►					
6 a Gross Rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)	►					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)	►					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events	►					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions	►	3,283,847.	90,864.	0.	86,114.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	264,477.	264,477.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	23,400.	23,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	276,774.	54,075.	214,476.	8,223.
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	539,570.	506,593.	32,977.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	74,698.	51,303.	23,395.	
9 Other employee benefits	56,550.	38,839.	17,711.	
10 Payroll taxes	51,946.	35,677.	16,269.	
11 Fees for services (non-employees):				
a Management				
b Legal	6,627.	3,149.	853.	2,625.
c Accounting	12,240.		12,240.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	10,620.	10,582.	38.	
g Other	149,882.	138,875.	11,007.	
12 Advertising and promotion				
13 Office expenses	16,457.	7,781.	8,316.	360.
14 Information technology	8,730.	2,292.	6,438.	
15 Royalties				
16 Occupancy	173,931.	119,457.	52,722.	1,752.
17 Travel	177,478.	112,296.	55,580.	9,602.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	7,100.	5,697.	1,403.	
19 Conferences, conventions, and meetings	157,312.	132,633.	20,933.	3,746.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,809.		5,809.	
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SHARED SERVICES COSTS	399,664.	184,902.	214,762.	
b RESEARCH SUPPORT	191,430.	191,430.		
c ILSI ASSESSMENT	150,000.		150,000.	
d PUBLICATIONS	103,921.	103,921.		
e COMMUNICATIONS	26,425.	17,595.	8,420.	410.
f All other expenses	19,971.	18,934.	1,037.	
25 Total functional expenses. Add lines 1 through 24f	2,905,012.	2,023,908.	854,386.	26,718.
26 Joint costs Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	698,480.	2	985,471.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	92,037.	4	52,788.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	17,825.	9	27,609.
10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	48,469.		
b	Less: accumulated depreciation	10b 45,811.	8,466.	10c 2,658.
11	Investments - publicly traded securities	3,625,986.	11	3,832,321.
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	116,000.	15	116,000.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,558,794.	16	5,016,847.
Liabilities				
17	Accounts payable and accrued expenses	288,629.	17	339,743.
18	Grants payable		18	
19	Deferred revenue	559,122.	19	456,086.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	847,751.	26	795,829.
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	3,605,488.	27	4,166,469.
28	Temporarily restricted net assets	105,555.	28	54,549.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,711,043.	33	4,221,018.
34	Total liabilities and net assets/fund balances	4,558,794.	34	5,016,847.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ILSI NORTH AMERICA

Employer identification number

52-1745052

Part 1 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
 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?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (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?
 h 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 instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA 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

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.")	2788067.	2540632.	3239810.	3359583.	3106869.	15034961.
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	2788067.	2540632.	3239810.	3359583.	3106869.	15034961.
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)						5925269.
6 Public support. Subtract line 5 from line 4						9109692.

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	2788067.	2540632.	3239810.	3359583.	3106869.	15034961.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,508.	147,121.	191,402.	166,500.	86,114.	688,645.
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.)	2,517.			8,494.		11,011.
11 Total support. Add lines 7 through 10						15734617.
12 Gross receipts from related activities, etc. (see instructions)				12		422,403.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	57.90	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	62.64	%
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 checked="" 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"/>
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"/>
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"/>
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"/>

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.")						
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						
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						
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)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	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 ►

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 ►

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ILSI NORTH AMERICA

Employer identification number
52-1745052

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

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

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

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

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

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

(i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,469.	45,811.	2,658.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				► 2,658.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X | Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	

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

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

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,283,847.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	2,905,012.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	378,835.
4 Net unrealized gains (losses) on investments	4	131,140.
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 through 8	9	131,140.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	509,975.

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

1 Total revenue, gains, and other support per audited financial statements	1	3,414,987.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	131,140.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	131,140.
3 Subtract line 2e from line 1	3	3,283,847.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a 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 must equal Form 990, Part I, line 12.)	5	3,283,847.

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

1 Total expenses and losses per audited financial statements	1	2,905,012.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	2,905,012.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a 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 must equal Form 990, Part I, line 18.)	5	2,905,012.

Part XIV: Supplemental Information

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

FIN 48 FOOTNOTE:

ILSI N.A. ADOPTED THE ACCOUNTING STANDARDS RELATED TO UNCERTAIN INCOME TAX POSITIONS IN ITS YEAR ENDED DECEMBER 31, 2009. THESE STANDARDS REQUIRE THAT REALIZATION OF AN UNCERTAIN INCOME TAX POSITION MUST BE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES BEFORE IT CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS. MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS. ILSI N.A. BELIEVES IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY

Part XIV **Supplemental Information (continued)**

TAXING AUTHORITIES FOR YEARS BEFORE 2006.

Schedule F (Form 990)

Statement of Activities Outside the United States

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

LIST NORTH AMERICA

52-1745052

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **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 the grants or assistance? Yes No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 **Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(1) Region	(2) Number of	(3) Number of	(4) Activities conducted in region	(5) If activity listed in (4)	(6) Total

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		18,400
Totals	► 0	0			18,400

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

Schedule F (Form 990) 2009

932071
02-01-10

Grants and Other Assistance to Communications on Education

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1		NORTH AMERICA	RESEARCH GRANT	18,400.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

בְּיַדְךָ יְהוָה בְּנֵי יִשְׂרָאֵל וְבְנֵי כָּל־הָעָם

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the Unit

Grants and other assistance to individuals outside the United States. Complete the organization answered to you until 300, fall 1963.

Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: DEPENDING ON THE NATURE OF THE GRANT AND THE
TYPE OF RECIPIENT, ILSI NORTH AMERICA WILL GENERALLY HAVE SIGNED
AGREEMENTS THAT SPECIFY REQUIRED REPORTS OR OTHER COMMUNICATIONS. STAFF
MONITOR PROJECTS AS REQUIRED TO ENSURE FUNDS ARE USED FOR THE INTENDED
PURPOSE.

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" on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ILSI NORTH AMERICA

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIETETIC ASSOCIATION 120 SOUTH RIVERSIDE PLAZA, SUITE 20 CHICAGO, IL 60606-6995	36-0724760	501(c)(6)	30,000.	0.	CASH		SUPPORT TO RESEARCH THE IMPLEMENTATION AND EFFECTUATION OF AN EVIDENCE ANALYSIS PROJECT
CORNELL UNIVERSITY 410 THURSTON AVENUE ITHACA, NY 14850-2488	15-0532082	501(c)(3)	7,000.	0.	CASH		SUPPORT TO RESEARCH LISTERIA MONOCYTOGENES AND ENTEROBACTER SAKAZAKII REFERENCE
INSTITUTE OF FOOD TECHNOLOGISTS 525 W. VAN BUREN, SUITE 1000 CHICAGO, IL 60607	36-3432464	501(c)(3)	37,000.	0.	CASH		CONTRIBUTION TO STUDY APPLICATIONS AND SAFETY IMPLICATIONS OF NANOSCALE SCIENCE AND TECHNOLOGY IN
MICHIGAN STATE UNIVERSITY 1113 ANGELL BUILDING EAST LANSING, MI 48824-1234	38-6005984	501(c)(3)	39,429.	0.	CASH		GRANT FOR PROJECT ON INACTIVATION OF SALMONELLA ON RAW NUTS
NORTH CAROLINA STATE UNIVERSITY 1200 MURCHISON ROAD FAYETTEVILLE, NC 28301-4298	58-1524289	501(c)(3)	56,298.	0.	CASH		USING LOW-ENERGY X-RAY
THE TOXICOLOGY FORUM 1300 I STREET, NW WASHINGTON, DC 20005	52-1072086	501(c)(3)	20,000.	0.	CASH		GRANT FOR PROJECT ON CAPTURE AND CONCENTRATION OF SELECTED FOODBORN PATHOGENS IN COMPLEX
							SUPPORT FOR THE 35TH ANNUAL WINTER MEETING OF THE TOXICOLOGY FORUM
							► <input type="checkbox"/> 9.
							► <input type="checkbox"/> 1.

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

3 Enter total number of other organizations

SEE PART IV FOR COLUMN (H) DESCRIPTIONS
THE TOXICOLOGY FORUM
29

Schedule I (Form 990) 2009

ILSI NORTH AMERICA

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

SCHEDULE I, PART I, LINE 2: DEPENDING ON THE NATURE OF THE GRANT AND THE
TYPE OF RECIPIENT, ILSI NORTH AMERICA WILL GENERALLY HAVE SIGNED AGREEMENTS
THAT SPECIFY REQUIRED REPORTS OR OTHER COMMUNICATIONS. STAFF MONITOR
PROJECTS AS REQUIRED TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE.

PART II. LINE 1. COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: **AMERICAN DIETETIC ASSOCIATION**

卷之三

Part IV Supplemental Information

AREA OF SODIUM

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO RESEARCH LISTERIA

MONOCYTOGENES AND ENTEORBACTER SAKAZAKII REFERENCE STRAIN COLLECTION

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF FOOD TECHNOLOGISTS

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO STUDY APPLICATIONS

AND SAFETY IMPLICATIONS OF NANOSCALE SCIENCE AND TECHNOLOGY IN FOOD

NAME OF ORGANIZATION OR GOVERNMENT: NORTH CAROLINA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PROJECT ON CAPTURE AND

CONCENTRATION OF SELECTED FOODBORN PATHOGENS IN COMPLEX SAMPLE MATRICES

USING DNA AND RNA APTAMERS

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED STATES DEPARTMENT OF AGRICULTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR RESEARCH PROGRAM ON

ACYLCARNITINE BY-PRODUCTS OF INCOMPLETE FATTY ACID B-OXIDATION PROMOTE

INSULIN RESISTANCE

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ILSI NORTH AMERICA

Employer identification number

52-1745052

Part I Questions Regarding Compensation

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
3		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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

Schedule J (Form 990) 2009

Part II **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

BETH-ELLEN BERRY, CHIEF FINANCIAL OFFICER, AND SHAWN SULLIVAN, GENERAL COUNSEL, WERE COMPENSATED BY THE INTERNATIONAL LIFE SCIENCES INSTITUTE, AN ORGANIZATION WITH WHICH ILSI NORTH AMERICA IS AFFILIATED PURSUANT TO A BRANCH CHARTER AGREEMENT.

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

ILSI NORTH AMERICA

Employer Identification number
52-1745052

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
DORIS L. TANCREDI, PH.D. TRUSTEE	2.00	X					0.	0.
CONNIE M. WEAVER, PH.D. TRUSTEE	2.00	X					0.	0.
M. ELIZABETH WESTRING, P TRUSTEE	2.00	X					0.	0.
ERIC J. HENTGES EXECUTIVE DIRECTOR	37.50		X				210,930.	0. 20,513.
BETH-ELLEN BERRY CHIEF FINANCIAL OFFICER	10.00		X				33,359.	100,078. 24,951.
SHARON WEISS DEPUTY EXECUTIVE DIRECTOR	37.50			X			127,700.	0. 24,774.
SHAWN SULLIVAN GENERAL COUNSEL	10.00			X			32,168.	96,505. 24,251.

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ILSI NORTH AMERICA

Employer identification number
52-1745052

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORUM FOR ACADEMIC, GOVERNMENT, AND INDUSTRY SCIENTISTS TO IDENTIFY
IMPORTANT NUTRITION AND FOOD SAFETY ISSUES. THROUGH ITS PROGRAMS, ILSI
NORTH AMERICA CONTRIBUTES TO IMPROVED SCIENTIFIC UNDERSTANDING OF THOSE
ISSUES FOR THE BENEFIT OF THE GENERAL PUBLIC. ILSI NORTH AMERICA
ADDRESSES IMPORTANT FOOD, NUTRITION, AND WELLNESS TOPICS THROUGH
COMMITTEES THAT FOCUS ON VARIOUS ASPECTS OF DIET, NUTRITION, AND HEALTH
PROMOTION. ILSI NORTH AMERICA HELPS DEVELOP AND DISSEMINATE SCIENCE
RELATED TO FOOD SAFETY, INCLUDING TOXICOLOGY, MICROBIOLOGY, AND
PACKAGING ISSUES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SECTORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

APPLICATIONS. THE COMMITTEE SUPPORTED THE DEVELOPMENT OF A WORKSHOP
THAT EXAMINED WAYS IN WHICH EPIDEMIOLOGICAL, ANIMAL, AND HUMAN
INTERVENTION DATA CAN BEST BE BALANCED TO INFORM PUBLIC HEALTH
RECOMMENDATIONS. A BRIEF ARTICLE SUMMARIZING THE WORKSHOP WAS
PUBLISHED IN 2009 AND EXTENDED ABSTRACTS AND THE MANUSCRIPT SUMMARIZING
THE WORKSHOP WERE SUBMITTED FOR PUBLICATION IN A PEER-REVIEWED JOURNAL
IN 2009. THE COMMITTEE HAS PUBLISHED A MANUSCRIPT IN A PEER-REVIEWED
LITERATURE ON A THRESHOLD OF TOXICOLOGICAL CONCERN (TTC)-BASED APPROACH
AS A TOOL FOR PRIORITIZATION OF RESPONSES TO UNINTENDED CHEMICALS IN
FOODS IN 2009. BUILDING ON THIS FOUNDATION AND OTHER WORK, THE
COMMITTEE INITIATED A PROJECT IN 2009 TO EXPLORE THE APPLICATION OF THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

ILSI NORTH AMERICA

Employer identification number
52-1745052

KEY EVENTS DOSE-RESPONSE FRAMEWORK IN RISK ASSESSMENT AND DECISION-MAKING. CASE STUDIES ON SEVERAL CHEMICALS WILL BE PREPARED TO ILLUSTRATE THE UTILITY AND POTENTIAL VALUE AND IMPACT OF THE KEY EVENTS DOSE-RESPONSE FRAMEWORK IN RISK ASSESSMENT. THE COMMITTEE SPONSORED A SUMMER INTERN TO WORK ON THE PROJECT "CURRENT STATUS OF APPLICATIONS ON NANOTECHNOLOGY IN FOODS." THE COMMITTEE INITIATED A COLLABORATIVE PROJECT TO EXAMINE THE RELATIONSHIPS BETWEEN ARTIFICIAL FOOD COLORS AND ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD) WITH THE GOAL TO ANALYZE SCIENTIFIC LITERATURE AND EVALUATE THE STRENGTH OF EVIDENCE. FINDINGS AND CONCLUSIONS FROM THIS PROJECT WILL BE SUBMITTED TO A PEER-REVIEWED JOURNAL FOR PUBLICATION TO HELP GUIDE SCIENTIFIC THINKING ON THIS ISSUE. THE WORK ON THE FIRST OF THIS THREE-PHASE PROJECT HAS BEEN INITIATED IN 2009.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: LOW-MOISTURE FOODS" IN THE FALL 2009. DURING THE 2008 RESEARCH CYCLE, THE COMMITTEE SPONSORED TWO RESEARCH PROJECTS: "INACTIVATION OF SALMONELLA ON RAW NUTS USING LOW-ENERGY X-RAY" AND "CAPTURE AND CONCENTRATION OF SELECTED FOOD BORNE PATHOGENS IN COMPLEX SAMPLE MATRICES USING DNA AND RNA APTAMERS." BOTH RESEARCHERS MADE PROGRESS ON THEIR PROJECTS IN 2009 AND PUBLICATIONS REPORTING FINDINGS FROM BOTH PROJECTS ARE IN PROGRESS. THE COMMITTEE HELD ITS ANNUAL SYMPOSIUM SERIES AT THE 2009 MEETING OF INTERNATIONAL ASSOCIATION FOR FOOD PROTECTION IN GRAPEVINE TEXAS. FEATURED SPEAKERS REPORTED ON THE STATE-OF-THE-SCIENCE WITH RESPECT TO ATTRIBUTION OF FOOD-BORNE ILLNESS AND ON PATHOGEN AND SPOILAGE PERSISTENCE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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Inspection

Name of the organization

ILSI NORTH AMERICA

Employer identification number
52-1745052

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FRUCTOSE-RELATED SCIENCE WHICH WAS ATTENDED BY OVER 1,000 NUTRITION
PRACTITIONERS RECEIVING CONTINUING PROFESSIONAL EDUCATION CREDITS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ENERGY

EXPENSES \$ 188177. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CONFLICT OF INTEREST/SCIENTIFIC INTEGRITY

EXPENSES \$ 156149. INCLUDING GRANTS OF \$ 5000. REVENUE \$ 0.

ANNUAL SCIENTIFIC PROGRAM

EXPENSES \$ 131253. INCLUDING GRANTS OF \$ 0. REVENUE \$ 90864.

DIETARY LIPIDS

EXPENSES \$ 123322. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SODIUM

EXPENSES \$ 106037. INCLUDING GRANTS OF \$ 30000. REVENUE \$ 0.

HYDRATION

EXPENSES \$ 87491. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EARLY NUTRITION

EXPENSES \$ 83953. INCLUDING GRANTS OF \$ 18400. REVENUE \$ 0.

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932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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FLAVENOIDS

EXPENSES \$ 79508. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNICATIONS

EXPENSES \$ 65970. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FUTURE LEADER AWARDS

EXPENSES \$ 64848. INCLUDING GRANTS OF \$ 60000. REVENUE \$ 0.

FOOD PACKAGING SAFETY

EXPENSES \$ 39200. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAFFEINE

EXPENSES \$ 30895. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GUT MICROBES AND HEALTH

EXPENSES \$ 27607. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FOOD NUTRITION & SAFETY

EXPENSES \$ 14415. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER SCIENTIFIC PROGRAMS

EXPENSES \$ 9780. INCLUDING GRANTS OF \$ 8750. REVENUE \$ 0.

NUTRIENT FORTIFICATION

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EXPENSES \$ 9007. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: IN 2009, ILSI NORTH AMERICA AMENDED ARTICLE V OF ITS BYLAWS TO FORMALIZE THE EXISTENCE OF THE FINANCE COMMITTEE AND A SPECIFICATION OF ITS RESPONSIBILITIES IN SECTIONS 8 AND 9. THE BYLAWS WERE FURTHER AMENDED, IN ARTICLE V, SECTIONS 10 AND 11, TO FORMALIZE THE FACT THAT THE FINANCE COMMITTEE REVIEWS THE COMPENSATION OF COMPENSATED OFFICERS IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 4958 ON COMPENSATION, PROPERTY TRANSFER, OR PAYMENTS TO INSIDERS.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IS OPEN TO BUSINESSES THAT ARE PRODUCERS OF FOOD BEVERAGES, PHARMACEUTICALS, COSMETICS, AGRICULTURAL AND OTHER CHEMICALS, PERSONAL CARE AND HOUSEHOLD PRODUCTS OR CONTAINERS THEREOF, OR ARE PRODUCERS OF INGREDIENTS USED THEREIN OR IN CONNECTION THEREWITH, ARE INTERESTED IN FURTHERING THE PURPOSES OF ILSA N.A. AND APPLY FOR MEMBERSHIP. NO TRADE ASSOCIATION MAY BE A MEMBER.

ASSOCIATE MEMBERSHIP IS OPEN TO BUSINESSES THAT ARE PRODUCERS OF FOOD BEVERAGES, PHARMACEUTICALS, COSMETICS, AGRICULTURAL AND OTHER CHEMICALS, PERSONAL CARE AND HOUSEHOLD PRODUCTS OR CONTAINERS THEREOF, OR ARE PRODUCERS OF INGREDIENTS USED THEREIN OR IN CONNECTION THEREWITH, ARE INTERESTED IN FURTHERING THE PURPOSES OF ILSA N.A. AND APPLY FOR ASSOCIATE MEMBERSHIP. NO TRADE ASSOCIATION MAY BE AN ASSOCIATE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: PURSUANT TO ARTICLE V, SECTION 3 OF THE BYLAWS, ILSI NORTH AMERICA'S MEMBERS ELECT MEMBERS OF THE BOARD OF

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Department of the Treasury
Internal Revenue Service

Name of the organization

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TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE CFO, GENERAL COUNSEL, AND EXECUTIVE DIRECTOR AND/OR DEPUTY EXECUTIVE DIRECTOR REVIEW THE RETURN. ONCE IT IS IN ITS FINAL FORM, A COPY IS SENT ELECTRONICALLY TO THE BOARD OF TRUSTEES FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR, TRUSTEES AND KEY EMPLOYEES COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. COMPLETED CONFLICT OF INTEREST FORMS ARE REVIEWED BY IN-HOUSE COUNSEL, WHOSE OBSERVATIONS ARE SHARED WITH THE CHAIR AND THE EXECUTIVE COMMITTEE.

IN THE EVENT THAT A CONFLICT SHOULD ARISE ON THE PART OF A TRUSTEE, THE DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE WILL COMMUNICATE WITH THE INTERESTED TRUSTEE TO DETERMINE THE NATURE OF THE CONFLICT AND WHETHER THE TRUSTEE SHOULD ABSTAIN FROM DECIDING ON MATTERS AFFECTED BY THE INTEREST.

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO REMOVE THE TRUSTEE WITH THE INTEREST FROM CONSIDERATION OF THE MATTER TO WHICH THE INTEREST PERTAINS.

THE ILSI NORTH AMERICA PRESIDENT REVIEWS THE EXECUTIVE DIRECTOR'S CONFLICT OF INTEREST DECLARATION AND MANAGES ANY DECLARED INTERESTS. THE EXECUTIVE DIRECTOR REVIEWS DECLARATIONS OF KEY EMPLOYEES AND MANAGES DECLARED INTERESTS.

FORM 990, PART VI, SECTION B, LINE 15A: THE ILSI NORTH AMERICA BYLAWS ESTABLISH A FORMAL PROCESS FOR SETTING EXECUTIVE COMPENSATION IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE SAFE HARBOR REGULATION REGARDING EXCESS BENEFITS. UNDER THIS PROCEDURE, AT LEAST THREE INDEPENDENT MEMBERS OF THE

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Schedule O (Form 990) 2009

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FINANCE COMMITTEE ANNUALLY REVIEW THE COMPENSATION OF THE COMPENSATED OFFICERS (INCLUDING THE EXECUTIVE DIRECTOR). THE REVIEW INCLUDES CONSIDERATION OF COMPARABILITY DATA. THE COMPENSATION REVIEWERS ESTABLISH A RANGE OF COMPENSATION THAT THE COMMITTEE DEEMS REASONABLE. THAT RANGE IS PROVIDED TO THE ILSI NORTH AMERICA PRESIDENT, WHO SETS THE EXECUTIVE DIRECTOR'S COMPENSATION AT A FIGURE THAT IS WITHIN THE RANGE DETERMINED BY THE COMPENSATION REVIEWERS TO BE REASONABLE. THE COMPENSATION REVIEWERS RECORD THEIR DECISION IN CONTEMPORANEOUS WRITTEN MINUTES IN ACCORDANCE WITH THE IRS SAFE HARBOR REGULATION WITH REGARD TO EXCESS BENEFITS.

THERE ARE NO COMPENSATED OFFICERS OTHER THAN THE EXECUTIVE DIRECTOR. THE COMPENSATION OF OTHER ILSI NORTH AMERICA EMPLOYEES IS NOT DETERMINED IN ACCORDANCE WITH THE PROCEDURE DESCRIBED ABOVE. INSTEAD, THOSE EMPLOYEES' COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR IN ACCORDANCE WITH HIGH-TO-LOW RANGES ESTABLISHED BY THE DIRECTOR OF HUMAN RESOURCES IN COOPERATION WITH THE EXECUTIVE DIRECTOR.

THE COMPENSATION REVIEW FOR THE COMPENSATED OFFICERS (CURRENTLY ONLY THE EXECUTIVE DIRECTOR) DOES INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. COMPENSATION OF EMPLOYEES THAT IS NOT SUBJECT TO SUCH A REVIEW IS ESTABLISHED BY THE EXECUTIVE DIRECTOR, WHO IS INDEPENDENT OF THE EMPLOYEES, AND IT IS NORMALLY BASED ON AN INFORMAL REVIEW OF COMPARABLE COMPENSATION IN NONPROFIT CORPORATIONS OF THE SAME SIZE IN THE WASHINGTON, DC AREA. THE PROCESS BY WHICH COMPENSATION IS SET IS DOCUMENTED IN WRITING, BUT THIS IS NOT DONE IN THE SAME FORMAL MANNER AS REVIEW BY THE

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SCHEDULE O
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Department of the Treasury
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52-1745052

COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, GA, IL, KS, MA, MI, MN, MO, NJ, NY, NC, OH, PA, TN

**FORM 990, PART VI, SECTION C, LINE 19: ARTICLES OF INCORPORATION, BYLAWS,
CONFLICT OF INTEREST POLICY, AND AN ANNUAL REPORT CONTAINING A FINANCIAL
REPORT ARE POSTED ON WEBSITE. AUDITED FINANCIAL STATEMENTS WILL BE MADE
AVAILABLE UPON REQUEST.**

FORM 990, PART XI, LINE 2C

**THE PROCESS FOR REVIEWING THE AUDITED FINANCIAL STATEMENTS AND
OVERSEEING THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.**

Application for Extension of Time To File an Exempt Organization Return

► 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 1040 or Form 1040A.

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	Employer identification number
	ILSI NORTH AMERICA	52-1745052
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 1156 15TH STREET, NW, NO. 2ND FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20005	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

BETH-ELLEN BERRY

- The books are in the care of ► 1156 15TH STREET, NW 2ND FL - WASHINGTON, DC 20005
Telephone No. ► 202-659-0074 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 AUGUST 15, 2010, 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	\$ N/A

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.

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

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization ILSI NORTH AMERICA	Employer identification number 52-1745052
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 1156 15TH STREET, NW, NO. 2ND FL	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BETH-ELLEN BERRY

- The books are in the care of ► **1156 15TH STREET, NW 2ND FL - WASHINGTON, DC 20005**
Telephone No. ► **202-659-0074** 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 is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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. **8a \$**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. **8b \$**

c **Balance Due.** Subtract line 8b from line 8a. 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 **8c \$ N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► **Deborah E. Rosner** Title ► **CPA**

Date ► **8/10/10**

Form 8868 (Rev. 4-2009)