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Form 990-EZ

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

OMB No 1545-1150

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable
Address change
Name change
Initial return
Termination
Amended return
Application pending

Please use IRS label or print or type
See Specific Instructions.

C Name of organization
**INTERNATIONAL SOCIETY FOR THE STUDY
OF WOMEN'S SEXUAL HEALTH, LTD**

Number and street (or P O box, if mail is not delivered to street address)

1100 E WOODFIELD ROADRoom/suite
520

City or town, state or country, and ZIP + 4

SCHAUMBURG IL 60173

D Employer identification number
61-1421087

E Telephone number
847-517-7225

F Group Exemption
Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method
 Cash Accrual
Other (specify) ►

I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **369,762****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	112,082
2 Program service revenue including government fees and contracts	2	157,956
3 Membership dues and assessments	3	83,592
4 Investment income	4	16,132

SEE STATEMENT 1

5a Gross amount from sale of assets other than inventory	5a	
b Less: cost of other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	369,762

10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	27,137
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	21,589
16 Other expenses (describe ► SEE STATEMENT 2)	16	293,724
17 Total expenses. Add lines 10 through 16	17	342,450

18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,312
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	266,145
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	293,457

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	288,646	22 310,659
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 3)	27,256	24 29,484
25 Total assets	315,902	25 340,143
26 Total liabilities (describe ► SEE STATEMENT 4)	49,757	26 46,686
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	266,145	27 293,457

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

Form 990-EZ (2009)

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Form 990-EZ (2009) INTERNATIONAL SOCIETY FOR THE STUDY 61-1421087

Page 2

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 ANNUAL MEETING FOR SCHOLARS, RESEARCHERS AND PRACTITIONERS TO DISCUSS WOMENS' SEXUAL HEALTH ISSUES

(Grants \$) If this amount includes foreign grants, check here ► 28a 217,505

29 FALL COURSE FOR SCHOLARS, RESEARCHERS AND PRACTITIONERS TO PROVIDE EDUCATION ON WOMEN'S SEXUAL HEALTH

(Grants \$) If this amount includes foreign grants, check here ► 29a 55,046

30 PUBLICATIONS TO PROVIDE EDUCATION ON WOMENS' SEXUAL HEALTH ISSUES

(Grants \$) If this amount includes foreign grants, check here ► 30a 21,589

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 294,140

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LEONARD R. DEROGATIS, PHD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 DIRECTOR 1.00	0	0	0
WOET L. GLANOTTEN, MD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 DIRECTOR 1.00	0	0	0
ELLEN LAAN, PHD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 DIRECTOR 1.00	0	0	0
TALLI YEHUDA ROSENBAUM, PT 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 DIRECTOR 1.00	0	0	0
ALLESANDRA RELLINI, PHD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 DIRECTOR 1.00	0	0	0
JAMES A. SIMON, MD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 DIRECTOR 1.00	0	0	0
MAUREEN WHELIHAN, MD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 DIRECTOR 1.00	0	0	0
MARLENE WASSERMAN, DHS 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 MEMBER 1.00	0	0	0
WENDY WEISER 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 EXEC DIR 5.00	0	0	0
SUE O'SULLIVAN 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 ASSOC DIR 5.00	0	0	0
SHERYL A KINGSBERG, PHD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 PRESIDENT 1.00	0	0	0
ALAN ALTMAN, MD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 PRESIDENT ELECT 1.00	0	0	0
ANDREW T GOLDSTEIN, MD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 1ST PRESIDENT ELECT 1.00	0	0	0
IRWIN GOLDSTEIN, MD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 SECRETARY 1.00	0	0	0
KEVAN R WYLIE, MB, MD, FRCP 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 TREASURER 1.00	0	0	0
ROSSELLA E. NAPPI, MD 1100 E. WOODFIELD ROAD #520	SCHAUMBURG IL 60173 PAST PRESIDENT 1.00	0	0	0

Form 990-EZ (2009) **INTERNATIONAL SOCIETY FOR THE STUDY 61-1421087**

Page 3

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes No
33 **X**

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes No
34 **X**

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
35a **X**

b If "Yes," has it filed a tax return on Form 990-T for this year? Yes No
35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36 **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instr Yes No
37a

b Did the organization file Form 1120-POL for this year? Yes No
37b **X**

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes No
38a **X**

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b

39 Section 501(c)(7) organizations Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No
39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
40b **X**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes No
40e **X**

41 List the states with which a copy of this return is filed ► **IL**

42a The organization's books are in care of ► **WJ WEISER & ASSOCIATES** Telephone no ► **847-517-7225**
1100 E WOODFIELD ROAD, SUITE 520
 Located at ► **SCHAUMBURG, IL** ZIP + 4 ► **60173** Yes No
42b **X**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. Yes No
42c **X**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44 **X**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
45 **X**

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

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No 46 47 48 49a 49b

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

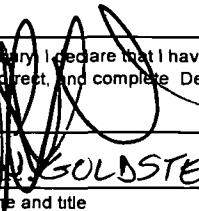
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

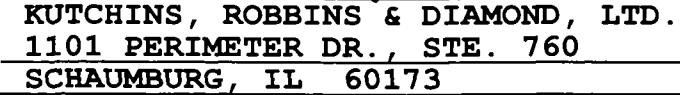
f Total number of other employees paid over \$100,000 ► _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
WJ WEISER & ASSOCIATES 1100 E. WOODFIELD RD, SUITE 520	SCHAUMBURG IL 60173	ADMINISTRATION
		108,550

d Total number of other independent contractors each receiving over \$100,000 ► 0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature: <u>Ira M. Goldstein, MD</u> Date: <u>01/01/10</u> Type or print name and title: <u>SECRETARY</u>		

Paid Preparer's Use Only	Preparer's signature ► 	Date <input type="text" value="06/09/10"/>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) <input type="text" value="P00069909"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	EIN ► <input type="text" value="36-3856676"/>		
		Phone no ► <input type="text" value="847-240-1040"/>		

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

► Yes No

Form 990-EZ (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

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Name of the organization	INTERNATIONAL SOCIETY FOR THE STUDY OF WOMEN'S SEXUAL HEALTH, LTD	Employer identification number 61-1421087
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 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									

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 **INTERNATIONAL SOCIETY FOR THE STUDY 61-1421087**

Page 2

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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"/>	

Schedule A (Form 990 or 990-EZ) 2009 **INTERNATIONAL SOCIETY FOR THE STUDY 61-1421087**

Page 3

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")	172,918	143,462	152,719	201,023	195,674	865,796
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	201,260	109,957	199,007	243,195	157,956	911,375
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	374,178	253,419	351,726	444,218	353,630	1,777,171
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	60,000	50,000	40,000	63,000		213,000
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	60,000	50,000	40,000	63,000		213,000
8 Public support (Subtract line 7c from line 6)						1,564,171

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	374,178	253,419	351,726	444,218	353,630	1,777,171
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,384	6,481	9,042	12,089	16,132	45,128
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,384	6,481	9,042	12,089	16,132	45,128
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	375,562	259,900	360,768	456,307	369,762	1,822,299
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	85.84 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	80.33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2 %
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009 INTERNATIONAL SOCIETY FOR THE STUDY 61-1421087 Page 4

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

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

Description	Amount
MEMBERSHIP DUES	\$ 83,592
TOTAL	\$ 83,592

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
POSTAGE AND SHIPPING	5,214
PRINTING	3,313
OFFICE SUPPLIES	732
TELEPHONE	300
WEBSITE EXPENSE	4,587
MANAGEMENT TRAVEL	31
FALL COURSE EXPENSES	55,046
ANNUAL MEETING EXPENSE	217,505
INSURANCE	1,005
BANK CHARGES	3,354
DUES AND SUBSCRIPTIONS	420
MISCELLANEOUS EXPENSES	2,217
TOTAL	\$ 293,724

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$	\$ 25,000
PREPAID EXPENSES AND DEFERRED CHARGES	27,256	4,484

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 49,757	\$ 46,686

Federal Statements**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO PROVIDE OPPORTUNITIES FOR COMMUNICATION AMONG SCHOLARS, RESEARCHERS AND PRACTITIONERS ABOUT WOMENS' SEXUAL HEALTH ISSUES

Form **8868**
(Rev April 2009)Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ► All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns ►

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization INTERNATIONAL SOCIETY FOR THE STUDY OF WOMEN'S SEXUAL HEALTH, LTD	Employer identification number 61-1421087
	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 E WOODFIELD ROAD	520
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SCHAUMBURG	IL 60173

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

<input 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 checked="" 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

- The books are in the care of ► **WJ WEISER & ASSOCIATES**

Telephone No ►

FAX No. ►

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

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

- calendar year **2009** or
- tax year beginning _____, and ending _____

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

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

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

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

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