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## Return of Organization Exempt From Income Tax

2010

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

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

Open to Public  
Inspection

## A For the 2010 calendar year, or tax year beginning , 2010, and ending

<input checked="" type="checkbox"/> Check if applicable		<b>C</b> Name of organization <b>RHODE ISLAND MEDICAL SOCIETY</b>		<b>D</b> Employer Identification Number <b>05-0250010</b>	
<input type="checkbox"/> Address change		Doing Business As		<b>E</b> Telephone number <b>(401) 331-3207</b>	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street addr) <b>235 PROMENADE STREET</b>		Room/suite <b>500</b>	
<input type="checkbox"/> Initial return		City, town or country <b>PROVIDENCE</b>		State <b>RI</b> ZIP code + 4 <b>02908</b>	
<input type="checkbox"/> Terminated				<b>G</b> Gross receipts <b>\$ 1,448,777.</b>	
<input type="checkbox"/> Amended return		<b>F</b> Name and address of principal officer <b>NEWELL E. WARDE, 235 PROMENADE STREET, S PROVIDENCE RI 02908</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Application pending				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
<b>I</b> Tax-exempt status <b>501(c)(3)</b>		<b>J</b> Website: ► <a href="http://www.rimed.org">http://www.rimed.org</a>		<b>H(c)</b> Group exemption number ►	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				<b>L</b> Year of Formation <b>1812</b>	<b>M</b> State of legal domicile <b>RI</b>

## Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE ART AND SCIENCE OF MEDICINE FOR THE BETTERMENT OF PUBLIC HEALTH AND TO ADVOCATE QUALITY PATIENT CARE AND PROMOTE THE EXCHANGE OF INFORMATION</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b>		
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>		
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b>		
	6 Total number of volunteers (estimate if necessary) <b>6</b>		
<b>Net Assets &amp; Fund Balances</b>	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b>		
	b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b>		
<b>RECEIVED</b> <b>4/14/2011</b> <b>OGDEN ULR</b>	8 Contributions and grants (Part VIII, line 1h) <b>82,275.</b>	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g) <b>650,100.</b>		<b>49,511.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>112,556.</b>		<b>603,466.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>208,796.</b>		<b>198,210.</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>1,053,727.</b>		<b>228,488.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,802.</b>		<b>1,079,675.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>597,741.</b>		<b>2,482.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>539,845.</b>		<b>634,306.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>1,139,388.</b>		
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>1,119,106.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>-85,661.</b>		<b>-39,431.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,691,518.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	19 Revenue less expenses. Subtract line 18 from line 12 <b>1,769,103.</b>	<b>2,025,013.</b>	<b>2,212,028.</b>
		<b>333,495.</b>	<b>442,925.</b>

## Part II Signature Block

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

<b>Sign Here</b>			<b>Date</b> <b>4/11/2011</b>
	Signature of officer <b>NEWELL E. WARDE, PhD</b>		EXECUTIVE DIRECTOR
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Nancy L Mancini, CPA</b>	Preparer's signature <b>Nancy L Mancini, CPA</b>	Date <b>04/05/11</b>
	Firm's name <b>Caliri, Mancini, and Barbieri, P. C.</b>	Check <input type="checkbox"/> if self-employed	
	Firm's address <b>One Worthington Rd. Cranston RI 02920</b>	PTIN	
Firm's EIN ►		Phone no <b>(401) 270-6136</b>	

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

 Yes  No

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

TEEA0101 12/21/10

Form 990 (2010)

SCANNED MAY 20 2011

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission

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

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

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

 Yes  No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O.

 Yes  No4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

PROFESSIONAL REPRESENTATION BEFORE CONGRESSIONAL  
BODIES REGARDING MEDICAL AND PUBLIC HEALTH ISSUES

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

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

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

CONDUCTING CONTINUING MEDICAL EDUCATION

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4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ►

## 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 1 X

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 X

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 X

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X

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

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X

b 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 11b X

c 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 11c X

d 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 11d X

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X

f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11f X

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X

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

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note:** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	
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

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
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 (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If 'Yes,' enter the name of the foreign country ►  See instructions for 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?	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	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	10a	
a Did the organization make any taxable distributions under section 4966?	10b	
b Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
<b>10 Section 501(c)(7) organizations.</b> Enter:	11b	
a Initiation fees and capital contributions included on Part VIII, line 12	12a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
<b>11 Section 501(c)(12) organizations.</b> Enter:	13a	
a Gross income from members or shareholders	13b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13c	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	14b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state?  <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a	
c Enter the amount of reserves on hand	14b	
<b>14a Did the organization receive any payments for indoor tanning services during the tax year?</b>		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

**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.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

	Yes	No
1a	38	
1b	37	
2	—	X
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	—	X

1a Enter the number of voting members of the governing body at the end of the tax year  
 1b Enter the number of voting members included in line 1a, above, who are independent

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?

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

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

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

6 Does the organization have members or stockholders?

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

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

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

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

	Yes	No
10a	—	X
10b	—	
11a	X	
12a	X	
12b	X	
12c	X	
13	—	X
14	X	
15a	X	
15b	X	
16a	—	X
16b	—	

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?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  
 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

13 Does the organization have a written whistleblower policy?

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

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

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

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply

Own website  Another's website  Upon request

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response to any question in this Part VII

**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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organi- zations in Schedule O)	(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
		Officer	Director	Key Employee	Administrative Officer	Administrative Employee	Trustee			
(1) NEWELL E. WARDE, PhD EXEC. DIRECTOR	45.00	X		X				133,962.	15,050.	48,680.
(2) STEVE DETOY DIR. OF GOVT & PR	45.00					X		109,038.	0.	37,974.
(3) GARY BUBLY, MD PRESIDENT	1.00	X		X				3,000.	3,000.	0.
(4) NITIN S. DAMLE, MD PRESIDENT-ELECT	1.00	X		X				0.	500.	0.
(5) ALYN L. ADRAIN, MD VICE PRESIDENT	1.00	X		X				0.	0.	0.
(6) ELAINE C. JONES, MD SECRETARY	1.00	X		X				0.	0.	0.
(7) JERRY FINGERUT, MD TREASURER	1.00	X		X				0.	0.	0.
(8) MARLENE CUTITAR, MD COUNCILOR AT LARGE	1.00	X						0.	0.	0.
(9) STEVEN R. FERA, MD COUNCILOR AT LARGE	1.00	X						0.	0.	0.
(10) MARTIN R. PAPAZIAN, MD COUNCILOR AT LARGE	1.00	X						0.	0.	0.
(11) SCOTT E. WANG, MD COUNCILOR AT LARGE	1.00	X						0.	0.	0.
(12) JOEL M. KAUFMAN, MD ADJUNCT COUNCILOR	1.00	X						0.	0.	0.
(13) IRA J. SINGER, MD ADJUNCT COUNCILOR	1.00	X						0.	0.	0.
(14) VERA A. DE PALO, MD PAST PRESIDENT	1.00	X						9,000.	2,500.	0.
(15) DIANE R. SIEDLECKI, MD PAST PRESIDENT	1.00	X						0.	0.	0.
(16) K. NICHOLAS TSIONGAS, MD, MPH PAST PRESIDENT	1.00	X						0.	0.	0.
(17) MICHAEL E. MIGLIORI, MD COUNCIL MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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		
(18) PETER A. HOLLMANN, MD COUNCIL MEMBER	1.00	X					0.	4,500.	0.
(19) STEVE LEE COUNCIL MEMBER	1.00	X					0.	0.	0.
(20) GEOFFREY R. HAMILTON, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
(21) ROBERT G. DINWOODIE, DO COUNCIL MEMBER	1.00	X					0.	0.	0.
(22) RAFAEL E. PADILLA, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
(23) PATRICK J. SWEENEY, MD, MPH, PhD COUNCIL MEMBER	1.00	X					0.	0.	0.
(24) ELIZABETH B. LANGE, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
(25) MICHAEL F. GILSON, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
(26) KENNETH WILLIAMS, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
(27) NIKOLA DOBRILOVIC, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
(28) SARAH J. FESSLER, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
(29) SUSANNE THAYER-KRAMERS, PA-C COUNCIL MEMBER	1.00	X					0.	0.	0.
<b>1b Sub-total</b>						►	255,000.	25,550.	86,654.
<b>c Total from continuation sheets to Part VII, Section A</b>						►	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>						►	255,000.	25,550.	86,654.

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

Yes	No
3	X
4	X
5	X

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 or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

## Section B. Independent Contractors

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

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

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

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,511.		
	g Noncash contributions included in lns 1a-1f				
h Total. Add lines 1a-1f		► 49,511.			
PROGRAM SERVICE REVENUE			Business Code		
	2a MEMBERSHIP DUES	900099	463,952.	463,952.	0.
	b MEDICAL JOURNAL	541800	71,653.	1,950.	69,703.
	c RI MEDICAL NEWS NEWSLETTER	541800	20,708.	0.	20,708.
	d CONTINUING MEDICAL EDUC.	611711	13,000.	13,000.	0.
	e DIRECTORY OF MEMBERS	611711	10,190.	0.	10,190.
	f All other program service revenue		23,963.	23,963.	0.
	g Total. Add lines 2a-2f	► 603,466.			
	3 Investment income (including dividends, interest and other similar amounts)		► 159,502.	0.	0.
OTHER REVENUE	4 Income from investment of tax-exempt bond proceeds		►		
	5 Royalties		► 659.	0.	0.
			(i) Real	(ii) Personal	
	6a Gross Rents	15,000.			
	b Less: rental expenses				
	c Rental income or (loss)	15,000.			
	d Net rental income or (loss)		► 15,000.	0.	0.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	407,810.				
OTHER REVENUE	b Less: cost or other basis and sales expenses	365,797.	3,305.		
	c Gain or (loss)	42,013.	-3,305.		
	d Net gain or (loss)		► 38,708.	0.	0.
	8a 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		►		
	9a Gross income from gaming activities See Part IV, line 19	a			
	b Less direct expenses	b			
OTHER REVENUE	c Net income or (loss) from gaming activities		►		
	10a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory		►		
			Business Code		
	11a STAFF SERVICES	561000	80,394.	80,394.	0.
	b ADMINISTRATIVE FEES	561000	129,386.	129,386.	0.
	c MEDICAL JOURNAL MISC.	900099	840.	840.	0.
	d All other revenue		2,209.	2,209.	0.
e Total. Add lines 11a-11d		► 212,829.			
12 Total revenue. See instructions		► 1,079,675.	715,694.	100,601.	213,869.

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,482.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	339,396.			
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	205,728.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,025.			
9 Other employee benefits	31,959.			
10 Payroll taxes	38,198.			
11 Fees for services (non-employees)				
a Management				
b Legal	75,390.			
c Accounting	9,956.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	14,628.			
g Other	19,735.			
12 Advertising and promotion	1,125.			
13 Office expenses	62,785.			
14 Information technology	5,682.			
15 Royalties				
16 Occupancy	71,437.			
17 Travel	35,188.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,642.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,230.			
23 Insurance	6,354.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a INCOME TAX EXPENSE	19,816.			
b PUBLICATIONS	104,934.			
c PUB COSTS ON LINE 11 g	-6,098.			
d DUES & SUBSCRIPTIONS	3,399.			
e OTHER	10,115.			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,119,106.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2010)

## Part X | Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash – non-interest-bearing	158,555.	1	210,308.	
	2 Savings and temporary cash investments	41,145.	2	30,903.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	73,289.	4	51,304.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	7,422.	9	25,979.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a   50,308.			
	b Less accumulated depreciation	10b   30,872.	10c	19,436.	
	11 Investments – publicly traded securities	1,664,638.	11	1,777,151.	
	12 Investments – other securities See Part IV, line 11	6,604.	12	6,604.	
	13 Investments – program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11.	64,989.	15	90,343.	
<b>16 Total assets</b> Add lines 1 through 15 (must equal line 34)	<b>2,025,013.</b>	<b>16</b>	<b>2,212,028.</b>		
LIABILITIES	17 Accounts payable and accrued expenses	69,650.	17	86,677.	
	18 Grants payable		18		
	19 Deferred revenue	233,050.	19	264,084.	
	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	35,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	30,795.	25	57,164.	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>333,495.</b>	<b>26</b>	<b>442,925.</b>	
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
		27 Unrestricted net assets	1,668,165.	27	1,754,565.
		28 Temporarily restricted net assets	23,353.	28	14,538.
		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		1,691,518.	33	1,769,103.	
<b>34 Total liabilities and net assets/fund balances.</b>		<b>2,025,013.</b>	<b>34</b>	<b>2,212,028.</b>	

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Form 990 (2010)

**Part XI | Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,079,675.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,119,106.
3 Revenue less expenses Subtract line 2 from line 1	3	-39,431.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,691,518.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	117,016.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,769,103.

**Part XII | Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both	3a	X
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3b	
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.		

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Form 990 (2010)

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2010**Open to Public  
Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► Complete if the organization is described below.  
 ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of organization

**RHODE ISLAND MEDICAL SOCIETY**

Employer identification number

05-0250010

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If 'Yes,' describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2010

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

**A** Check   if the filing organization belongs to an affiliated group  
**B** Check   if the filing organization checked box A and 'limited control' provisions apply

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is</b>	<b>The lobbying nontaxable amount is</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2010

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	463,952.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	164,125.
b Carryover from last year	2b	
c Total	2c	164,125.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	166,715.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.

**Part IV** Supplemental Information

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

**Part IV : Supplemental Information (continued)**

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

OMB No. 1545-0047

**Supplemental Financial Statements**

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

**2010****Open to Public  
Inspection**

Name of the organization

Employer identification number

RHODE ISLAND MEDICAL SOCIETY

05-0250010

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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 Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

**Part V Endowment Funds.** Complete if 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	1,664,638.	1,412,563.	1,887,141.		
b Contributions			0.		
c Net investment earnings, gains, and losses	178,513.	318,075.	-402,578.		
d Grants or scholarships					
e Other expenditures for facilities and programs	66,000.	66,000.	72,000.		
f Administrative expenses					
g End of year balance	1,777,151.	1,664,638.	1,412,563.		

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

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► 0.00 %

c Term endowment ► 0.00 %

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .				
b Buildings .				
c Leasehold improvements		6,696.	6,696.	0.
d Equipment		20,480.	1,877.	18,603.
e Other		23,132.	22,299.	833.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 19,436.

BAA

Schedule D (Form 990) 2010

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Column (b) must equal Form 990 Part X, column (B) line 12)</b>		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13)</b>		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total. (Column (b) must equal Form 990, Part X, column(B), line 15)****Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUES ON DEPOSIT	48,644.
(3) DUE TO RIMS INSURANCE BROKERAGE CORPORATION	8,520.
(4) INCOME TAXES PAYABLE	0.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25)</b>	<b>57,164.</b>

2. FIN 48 (ASC 740) 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 (ASC 740)

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

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

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

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

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

**Part XIV** Supplemental Information

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

**Part XIV** Supplemental Information (continued)

**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No 1545-0047

**2010**

Open to Public Inspection

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

Name of the organization

**RHODE ISLAND MEDICAL SOCIETY**

Employer identification number

05-0250010

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

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

**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 from the organization or a related organization?  
**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 Regulations 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)?

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 NEWELLE. WARDE, PhD	\$ 133,962. 15,050.	0. 0.	0. 0.	\$ 13,396. 2,258.	\$ 33,026. 0.	\$ 180,384. 17,308.	\$ 173,033. 18,709.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III** **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**BAA**

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2010**

Open to Public  
Inspection

**Transactions With Interested Persons**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

RHODE ISLAND MEDICAL SOCIETY

Employer identification number

05-0250010

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ \_\_\_\_\_

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

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				► \$						

**Part III Grants or Assistance Benefitting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

**Part IV. Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARIANNE MIGLIORI	WIFE OF COUNCIL MEMBER	15,586.	Graphic Artist-Website & Print		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V. Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

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

Name of the organization

RHODE ISLAND MEDICAL SOCIETY

Employer identification number

05-0250010

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

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

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

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

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

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

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

RHODE ISLAND MEDICAL SOCIETY

**Related Organizations and Unrelated Partnerships**

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

Open to Public  
Inspection

Employer identification number  
05-0250010

**2010**

OMB No 1545-0047

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1)	RI MEDICAL POLITICAL ACTION COMMITTEE 05-0415645 235 PROMENADE ST., SUITE 500, PROVIDENCE RI 02908	POLITICAL ACTION COMMITTEE OF RIMS RI	RI	527		N/A	Yes <b>No</b>
(2)	RHODE ISLAND MEDICAL SOCIETY FOUNDATION 05-0401176 235 PROMENADE ST., SUITE 500, PROVIDENCE RI 02908	PROMOTE THE BETTERMENT OF PUBLIC HEALTH	RI	501 (c) (3)	line 7-Sch A	N/A	X
(3)							
(4)							
(5)							
(6)							
(7)							

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

TEEA5001 12/22/10

Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34.)  
 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1) - - - - -										
(2) - - - - -										
(3) - - - - -										
(4) - - - - -										
(5) - - - - -										
(6) - - - - -										
(7) - - - - -										
(8) - - - - -										
(9) - - - - -										
(10) - - - - -										
(11) - - - - -										
(12) - - - - -										
(13) - - - - -										
(14) - - - - -										
(15) - - - - -										
(16) - - - - -										
(17) - - - - -										
(18) - - - - -										
(19) - - - - -										
(20) - - - - -										
(21) - - - - -										
(22) - - - - -										
(23) - - - - -										
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(30) - - - - -										
(31) - - - - -										
(32) - - - - -										
(33) - - - - -										
(34) - - - - -										
(35) - - - - -										
(36) - - - - -										
(37) - - - - -										

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

		Yes	No	
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e	X	
f	Sale of assets to other organization(s)	1f	X	
g	Purchase of assets from other organization(s)	1g	X	
h	Exchange of assets	1h	X	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r	X	
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(1)	Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(1)	Rhode Island Medical Society Foundation reimburses RIMS for staff services	1n	110,108	ACTUAL
(2)	RIMS Insurance Brokerage Corporation paid RIMS a dividend as 100% owner	1r	125,000	ACTUAL
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes      No	(e) Share of end-of-year assets	(f) Dispropor- tionate allocations? Yes      No	(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner? Yes      No
(1) -----	-----	-----	-----	-----	-----	-----	-----
(2) -----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----
(4) -----	-----	-----	-----	-----	-----	-----	-----
(5) -----	-----	-----	-----	-----	-----	-----	-----
(6) -----	-----	-----	-----	-----	-----	-----	-----
(7) -----	-----	-----	-----	-----	-----	-----	-----
(8) -----	-----	-----	-----	-----	-----	-----	-----

## **Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

## Continuation Sheet for Form 990

2010

Department of the Treasury  
Internal Revenue Service

Name of the Organization

RHODE ISLAND MEDICAL SOCIETY

Employer identification number  
05-0250010

## Part VII Continuation: 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
		or director	Individual trustee	Institutional trustee	Officer	Key employee			
30 JENNIE J. MUGLIA, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
31 NORMAN GORDON, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
32 STEPHEN C. SARIS, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
33 RICHARD M. TEREK, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
34 LOUIS J. MARINO, JR., MD COUNCIL MEMBER	1.00	X					0.	0.	0.
35 JERROLD R. ROBINS, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
36 RUSSELL A. SETTIPANE, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
37 BRETT L. ARRON, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
38 PHILIP R. RIZZUTO, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
39 NOUBAR KESSIMIAN, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
40 PATRICK KELTY, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
41 ANDREW J. DOWD, MD COUNCILOR AT LARGE	1.00	X					0.	0.	0.
42 BARRY W. WALL, MD PAST PRESIDENT	1.00	X					0.	0.	0.
43 JORGE LAGARES-GARCIA, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
44 ELIZABETH A. WELCH, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
45 JOSEPH T. LIFRAK, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
46 DONNA KUCHARSKI, MD COUNCIL MEMBER	1.00	X					0.	0.	0.
-----									
-----									
-----									
-----									

**Supporting Statement of:**

Form 990 p 9/Personal Cost Basis

Description	Amount
NET BOOK VALUE OF COMPUTER EQUIPMENT DISPOSED OF	3,305.
Total	<u>3,305.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11g col (A)

Description	Amount
WEBSITE & PRINT, DESIGN & LAYOUT	16,748.
JOURNAL ADMINISTRATION	2,987.
Total	<u>19,735.</u>

**Supporting Statement of:**

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

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

**Supporting Statement of:**

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

Description	Amount
FIXED INCOME DEBT SECURITIES	488,464.
EQUITY SECURITIES	1,007,384.
MUTUAL FUNDS	111,047.
CASH & EQUIVALENTS	170,256.
Total	<u>1,777,151.</u>

**Supporting Statement of:**

Form 990 p 12/Part XI, Line 5

Description	Amount
UNREALIZED APPRECIATION OF MARKETABLE SECURITIES	117,016.
Total	<u>117,016.</u>

**Supporting Statement of:**

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

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

**Supporting Statement of:**

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

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