

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



MIKE COX  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

October 07, 2010

Medical Director's Council  
c/o Mary Lyneis, LoPrete & Lyneis  
40950 Woodward, Suite 306  
Bloomfield Hills, MI 48304-5128

Dear Madam:

Re: Medical Director's Council - CT 42018

Thank you for submitting initial forms and related information. Determinations are based on Michigan laws regulating charities, the Charitable Organizations and Solicitations Act (COSA), MCL 400.271 et seq. and the Supervision of Trustees for Charitable Purposes Act (STCPA), MCL 14.251 et seq.

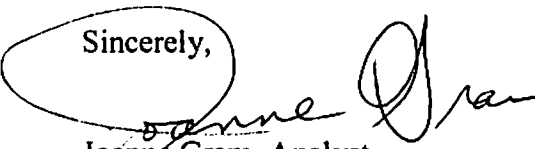
It appears this organization will not solicit or receive donations from any Michigan source. Therefore, a Charitable Solicitation License under COSA is not required. If in the future the organization plans to solicit or receive contributions from Michigan sources, please notify our office as a license may be required.

This organization is now registered as a charitable trust under STCPA. Registration requires an annual financial report. Annual financial accountings must be filed six (6) months following the close of each fiscal year. Accountings may be a copy of the IRS 990, 990-PF, 990-EZ, or a certified audit. If the IRS does not require filing, you may submit a completed IRS 990 or 990-EZ to our office to fulfill the financial reporting requirement.

Please send a copy of the IRS determination of 501(c)(3) status.

This letter will be retained to show notification of our requirements. If you have questions, please go to our website at [www.michigan.gov/ag](http://www.michigan.gov/ag) and click on the 'Charities' hotlink located in the right frame of the homepage or contact our office.

Sincerely,

  
Joanne Gram, Analyst  
Charitable Trust Section  
(517) 373-1152

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL  
CHARITABLE TRUST SECTION

Dept. of the  
Attorney General

OCT 07 2010

INITIAL SOLICITATION APPLICATION / REGISTRATION

Charitable Trust Section

Full legal name of organization <b>Medical Director's Council</b>	Atty Gen File # (If already assigned) <b>42018</b>
All other names under which you intend to solicit	Employer Identification Number (EIN) <b>20-0363930</b>
Telephone number <b>248 / 594-5770</b>	Fax number <b>248 / 232-8955</b>
Organization email address	Organization website

All questions must be answered. Attach additional sheets if necessary.

PART I

GENERAL INFORMATION

1. Organization addresses -

A. Organization mailing address.

**40950 Woodward Ave., Suite 306, Bloomfield Hills, MI 48304**

B. Street address of principal office. If the organization does not maintain a principal office, provide the name and address of the person having custody of the financial records.

**Deborah Nucatola, M.D., 4937 Mammoth Ave., Sherman Oaks, CA 91423**

C. Provide the address of any office in Michigan.

**None**

2. Type of Organization - Check one

☒ Nonprofit corporation - State of incorporation **MI** Date incorporated **4/25/08**

If incorporated in Michigan, provide your Corporate Identification Number: **70300U** Attach copy of bylaws.

If not incorporated in Michigan, attach copies of your articles of incorporation, bylaws and, if applicable, Mich. Certificate of Authority.

☐ Trust - Attach a copy of the trust instrument.

☐ Unincorporated Association - Attach a copy of your Articles of Association, Constitution and Bylaws, or other organizing document.

☐ Other - Explain and attach a copy of the relevant document. \_\_\_\_\_

3. Federal Tax Exempt Status - Check one

☒ Exempt under 501(c)(3) - Attach a copy of your determination letter

☐ Exempt under another section: Section 501(c) \_\_\_\_\_ Attach a copy of your determination letter

☐ Applied for tax exempt status. Under what section? Section 501(c) \_\_\_\_\_ Date of application \_\_\_\_\_

☐ The organization is not tax exempt or has not applied for tax exempt status. Explain why or if you intend to apply: \_\_\_\_\_

4. A. Briefly summarize the organization's purposes. Do not simply quote articles of incorporation or required 501(c)(3) language.

**To educate and promote high standards of medical performance in the area of  
planned parenthood.**

B. Will contributions be solicited in Michigan to be used for specific programs or purposes? Yes ☐ No ☒  
If yes, explain. \_\_\_\_\_

For all others, complete the schedule to calculate if audited or reviewed financial statements will be required. Total support may be reduced by the amount of governmental grants received during the year.

Audited financial statements must be prepared in accordance with generally accepted accounting principles.

**If audited or reviewed financial statements are required, but they have not been prepared:**

- If the required financial statements are in the process of being prepared or you have already engaged an auditor to perform the necessary review or audit, attach a letter requesting a conditional license. In your letter, state when you expect the financial statements to be available. Also, attach a copy of the engagement letter agreement with the audit

firm. The solicitation license will include the condition that the required financial statements be provided by a specified date.

- If you have not engaged an auditor for the necessary financial statements, you may attach a request for a one-time waiver of the reviewed or audited financial statements requirement. In your request, specify the fiscal year for which waiver is requested and state that the necessary financial statements will be provided in all future years in which reviewed or audited financial statements are required. If you have already received a waiver of the financial statements requirement for a prior year, engage an auditor and see above to request a conditional license.

### CHECKLIST

- ☐ Have all parts been fully completed unless instructed otherwise?
- ☐ Have you included a complete IRS 990, 990EZ, OR 990-PF? (If you file Form 990 or 990-EZ, do not include Sch. B.) If you file Form 990-N, did you complete line 14, sections 1 and II?
- ☐ Have you included a copy of your IRS Form 990-T if you had unrelated business income?
- ☐ Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- ☐ Have you provided samples of all solicitation materials?
- ☐ Is a listing of the names and addresses of the officers and board of directors attached to the Form 990 or to the application?
- ☐ If audited or reviewed financial statements are required, are they attached or have you requested a conditional license or one-time waiver?
- ☐ If required, are audited financial statements prepared in accordance with generally accepted accounting principles?
- ☐ Is the application signed?

5. You must designate a resident agent in Michigan. Provide name and street address (not PO Box).

Name Mary M. Lyneis

Street address 40950 Woodward Ave., Suite 306, Bloomfield Hills, MI 48304

6. A. Methods of solicitation. Check all that apply.

- ☐ Internet ☐ E-mail  
☐ Mail ☒ Personal contact ☐ Special events ☒ Other (specify) complete application forms  
☒ Telephone ☐ Radio / television ☐ Newspaper/magazines ☐ None (explain) \_\_\_\_\_

All solicitations are to drug companies located outside of Michigan.

B. Attach copies of all soliciting materials.

7. Has the organization, any of its officers, directors, employees or fundraisers:

Yes No

- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? ☐ Yes ☒ No  
B. Had its solicitation license or registration denied or revoked in any jurisdiction? ☐ Yes ☒ No  
C. Been the subject of a proceeding regarding any license, registration, or solicitation? ☐ Yes ☒ No  
D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

If any "yes" box is checked, attach a complete explanation.

8. Does the organization hold any assets (cash, bank accounts, land, building, etc.) in Michigan? ☐ Yes ☒ No

Charitable organizations created in Michigan and out-of-state organizations holding assets in Michigan will be registered as a charitable trust under the Supervision of Trustees for Charitable Purposes Act, 1961 PA 101, MCL 14.251 et seq. See instructions or Request for Exemption form for possible exemptions.

9. Michigan Chapters - Section I. Check the box for your organization type and follow instructions.

- ☒ i. An organization with no chapters in Michigan. - Skip to question 10.  
☐ ii. A parent organization that supervises and controls one or more local, county or area chapters in Michigan and intends to include the Michigan chapters in its solicitation license. - Go to Section II below.  
☐ iii. A parent organization that has one or more Michigan chapters but does not want to include the chapters in its Michigan solicitation license. - Skip to question 10.  
☐ iv. A Michigan chapter of a parent organization. - See instructions for filing information. Skip to question 10.

Tip: Choose i. if you have branch offices or locations that are merely extensions of the central organization and are not separate entities. However, choose ii. or iii. if you are a parent organization with one or more chapters in Michigan.

#### Section II. - Required information and attachments

Michigan law allows a parent organization to file on behalf of its chapters. The parent must either be incorporated in Michigan or have obtained a Certificate of Authority to Transact Business or Conduct Affairs in Michigan. The parent will usually have a group exemption from the IRS. With its license application, the parent will be required to provide a financial report for each Michigan chapter to be included.

Yes No

- A. Do you have a group exemption from the IRS? ☐ Yes ☐ No  
If no, attach an explanation regarding the tax exempt status of your Michigan chapters.  
How are filings made with the IRS on behalf of the chapters?
- B. In an attachment, explain the relationship structure with your chapters. What control do you exercise over chapters? Include representative chapter charters or bylaws that may help explain your relationship with your chapters.
- C. Attach a listing of the names and addresses of all Michigan chapters to be included in your solicitation license. Note - this will be required annually when renewing.
- D. Provide a financial report in a format of your choosing for each Michigan chapter to be included in your solicitation license. The report(s) should cover the same fiscal period on which you are reporting and should itemize chapter revenues, expenses, and include a balance sheet. Note - this will be required annually when renewing.

**PART II****PROFESSIONAL FUNDRAISERS**

10. Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the fiscal period reported in Part III or the current fiscal period? Y ☐ N ☒

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Attach additional sheets if necessary. Provide copies of contracts for each PFR listed.

Under Michigan law, fundraising counsel or consultants may be considered professional fundraisers. (See instructions for definition.)

Note: if the PFR handles the contributions, a Campaign Financial Statement will be required. (See instructions.)

Contract types:

- a - PFR solicits but does not handle or have access to contributions  
b - PFR solicits and handles or has access to contributions  
c - Consultant

Name	Mailing address	Sum of all payments to or retained by PFR during reporting year	Dates of contract	Is contract currently in effect?	Contract Type
			Start date:	y <input type="checkbox"/>	a <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	b <input type="checkbox"/> c <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	a <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	b <input type="checkbox"/> c <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	a <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	b <input type="checkbox"/> c <input type="checkbox"/>

**PART III****FINANCIAL INFORMATION**

Except as noted in the box below, all organizations must provide a financial statement with their application. If you file a Form 990, Form 990-EZ, Form 990-PF, or Form 990-N with the IRS, go to the specific line for your form below. If you had unrelated business income, you also must provide a copy of your Form 990-T.

**Newly created organizations** - A newly created organization is one that was formed within the past year and is either in its first fiscal period or has recently completed its first fiscal period and financial information is not yet available. See the chart in the instructions for filing information.

If you are a newly created organization and do not have financial information to submit with the application, check the box and enter the date your first fiscal period will end or has ended. Go to Part IV.

☐

Date first fiscal period ends

The solicitation license will expire approximately six months after this date. Your next application to renew the solicitation license should provide financial information on this fiscal period.

11. **Form 990** - Attach a copy of the Form 990. Do not include Schedule B. Skip to number 15 below.  
12. **Form 990-PF** - Attach a copy of the Form 990-PF and complete lines A and B below. After completing, skip to number 15.

Complete lines A and B to disclose the organization's functional expenses. The sum of the two expense functions must equal total expense as shown on the return.

A. Total Program Services Expense \$ \_\_\_\_\_

B. All remaining expenses. (Supporting Services) \$ \_\_\_\_\_

13. **Form 990-EZ** - Attach a copy of the Form 990-EZ. Do not include IRS Schedule B. Answer item A below. Complete the statement of functional expenses in B if instructed to do so.

A. Enter amount from line L on front of Form 990-EZ.

\$ \_\_\_\_\_ If amount is \$100,000 or more, go to B and complete the Statement of Functional Expenses.  
If amount is less than \$100,000, go to Part IV.

B. Organizations with gross receipts of \$100,000 or more must also include a statement of functional expenses. Complete the Statement of Functional Expenses on the following page. See instructions.

Statement of Functional Expenses						
	Do not include amounts reported on lines 5b, 6b, or 7b of 990-EZ <i>Round all numbers</i>		(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
1	Grants, allocations, and contributions made (attach schedule)	1				
2	Specific assistance to individuals	2				
3	Benefits paid to/for members	3				
4	Compensation of officers/directors	4				
5	Other salaries and wages	5				
6	Pension plan contributions	6				
7	Other employee benefits	7				
8	Payroll taxes	8				
9	Professional fundraising fees	9				
10	Accounting fees	10				
11	Legal fees	11				
12	Supplies	12				
13	Telephone	13				
14	Postage and shipping	14				
15	Occupancy	15				
16	Equipment rental and maintenance	16				
17	Printing and publications	17				
18	Travel	18				
19	Conferences, conventions, meetings	19				
20	Interest	20				
21	Depreciation, depletion	21				
22a	Other expenses (itemize):	22a				
b		b				
c		c				
23	Total functional expenses	23				
24	Joint costs. Complete this line if you reported in column (B) any joint costs from a combined educational and fundraising campaign. Check if using SOP 98-2. <input type="checkbox"/>	24				

NOTE: Line 23, column (A) must equal line 17 of the IRS Form 990-EZ.

Add lines 1 - 22c in each column. Enter totals on line 23.

On each line, the sum of entries in columns (B), (C), and (D) must equal entry in column (A).

**14. Form 990-N.** Complete this section only if you file Form 990-N with the IRS. You must also attach a listing of the names and addresses of your officers and board of directors. (See instructions). After completing Sections I and II, skip to Part IV.

**Section I.** Briefly describe your charitable accomplishments during the period. \_\_\_\_\_

\_\_\_\_\_

**Section II.** Complete the following schedule. Round numbers to nearest dollar.

A	End date of fiscal period		
B	Income from contributions and fundraising		
C	Total revenue (from all sources including amount on line B).		
D	Charitable program services expense		
E	All remaining expenses (supporting services)		
F	Total expense (Sum of lines D and E)		
G	Excess or deficit (subtract line F from line C)		
H	Total assets at end of fiscal period		

### 15. Audited or reviewed financial statements requirement

Do not complete this section if you completed number 14 above or if you are already submitting audited financial statements. Complete the following schedule to determine if financial statements either audited or reviewed by an independent certified public accountant will be required.

	Item	Find it:		
A.	Contributions from IRS return	2008 Form 990, Part VIII, line 1h; 2007 Form 990, Part I, line 1e; Form 990-EZ, line 1; Form 990-PF, line 1	182,867	
B.	Net income from special fundraising events	2008 Form 990, Part VIII, line 8c; 2007 Form 990, line 9c; Form 990-EZ, line 6c		
C.	Net income from gaming activities	2008 Form 990, Part VIII, line 9c; (not broken out on 990-EZ or 2007 990)		
D.		Add lines A, B and C;		182,867
E.	Governmental grants Attach schedule	2008 Form 990, Part VIII, line 1e; 2007 Form 990, line 1d; Form 990-EZ, enter governmental grants included above on line A.		182,867
F.	Total support	Subtract line E from line D		

If Total support, line F, is \$500,000 or more you must provide financial statements prepared in accordance with generally accepted accounting principles that have been audited by an independent certified public accountant.

If line F is greater than \$250,000 but less than \$500,000, financial statements either audited or reviewed by a certified public accountant are required.

When providing audited or reviewed financial statements, attach a reconciliation explaining any differences between the financial statements and your IRS return.

### PART IV

### CERTIFICATION

Under penalty of perjury, I certify that I am authorized to sign this document for the organization and that to the best of my knowledge and belief the information provided, including all attachments, is true, correct, and complete.

Signature: \_\_\_\_\_

Print name: Michael Hertz, M.D.

Vice Chair

Title

9/26/10  
Date

### REMINDERS:

- You must provide a fully completed copy of the appropriate IRS form with your application unless you checked the box in Part III as a newly created organization or were qualified to complete the schedule in 13B.
- A listing of the names and addresses of your board of directors must be attached to the 990 or the application.
- To ensure a complete filing, see checklist in instructions.

Return completed application to:  
(See instructions for  
other filing options)

Attorney General  
Charitable Trust Section  
PO Box 30214  
Lansing, MI 48909

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.



## Medical Directors Council of Ppfa


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### Organization Details

1. Name & EIN	Medical Directors Council of Ppfa (200363930) -- Google
2. Street	40950 Woodward Ave Ste 306
3. Location	Bloomfield, MI 48304
4. County	Oakland County, MI
5. Ruling date (Approximate year when founded.)*	2008
6. IRS type	501(c)(3) - Public charity: Religious, educational, charitable, scientific, and literary organizations...
7. Legal basis for public charity or private foundation status (FNDNCD)	15 - Organization with a substantial portion of support from a governmental unit or the general public
8. NTEE	B99 - Education N.E.C.
9. Most recently completed fiscal year (TAXPER)	12/2008
10. Total revenue	\$182,867
11. Total assets	\$102,040
Links	
12. View 990, 990-EZ or 990-PF	2008 2008

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Working to Create Michigan's Future Today

# Department of Energy, Labor & Economic Growth

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Searched for: MEDICAL DIRECTOR'S COUNCIL

ID Num: 70300U

Entity Name: MEDICAL DIRECTOR'S COUNCIL

Type of Entity: Domestic Nonprofit Corporation

Resident-Agent: MARY M LYNEIS

Registered Office Address: 40950 WOODWARD AVE STE 306 BLOOMFIELD HILLS MI 48304

Mailing Address: MI

Formed Under Act Number(s): 162-1982

Incorporation/Qualification Date: 4-25-2008

Jurisdiction of Origin: MICHIGAN

Number of Shares: 0

Year of Most Recent Annual Report: 09

Year of Most Recent Annual Report With Officers & Directors: 09

Status: ACTIVE Date: Present

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**DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
NONPROFIT CORPORATION INFORMATION UPDATE**



**2009**

**Due October 1, 2009** File Online at [www.michigan.gov/fileonline](http://www.michigan.gov/fileonline)

Identification Number <b>70300U</b>	Corporation name <b>MEDICAL DIRECTOR'S COUNCIL</b>
Resident agent name and mailing address of the registered office <b>MARY M LYNEIS</b> <b>40950 WOODWARD AVE STE 306</b> <b>BLOOMFIELD HILLS MI 48304</b>	
RECEIVED 20 OCT 07 2009 DELEG FILED NOV 16 2009 by Department Bureau of Commercial Services	
The address of the registered office <b>40950 WOODWARD AVE STE 306</b> <b>BLOOMFIELD HILLS MI 48304</b>	

**If no change in the address of the registered office and/or resident agent proceed to Item 4.**

1. Mailing address of registered office in Michigan (may be a P.O. Box)	2. Resident Agent																
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)																	
4. Describe the purpose and activities of the corporation during the year covered by this report:																	
5.																	
	<table border="1"> <thead> <tr> <th>NAME</th> <th>BUSINESS OR RESIDENCE ADDRESS</th> </tr> </thead> <tbody> <tr> <td>President (Required) <b>Paul Fine</b></td> <td><b>TX</b></td> </tr> <tr> <td>Secretary (Required) <b>Deborah Nucatola</b></td> <td><b>CA</b></td> </tr> <tr> <td>Treasurer (Required) <b>Deborah Nucatola</b></td> <td><b>CA</b></td> </tr> <tr> <td>Vice President <b>Michael Hertz</b></td> <td><b>MI</b></td> </tr> <tr> <td>Director (Required) <b>Paul Fine</b></td> <td><b>TX</b></td> </tr> <tr> <td>Director (Required) <b>Michael Hertz</b></td> <td><b>MI</b></td> </tr> <tr> <td>Director (Required) <b>Deborah Nucatola</b></td> <td><b>CA</b></td> </tr> </tbody> </table>	NAME	BUSINESS OR RESIDENCE ADDRESS	President (Required) <b>Paul Fine</b>	<b>TX</b>	Secretary (Required) <b>Deborah Nucatola</b>	<b>CA</b>	Treasurer (Required) <b>Deborah Nucatola</b>	<b>CA</b>	Vice President <b>Michael Hertz</b>	<b>MI</b>	Director (Required) <b>Paul Fine</b>	<b>TX</b>	Director (Required) <b>Michael Hertz</b>	<b>MI</b>	Director (Required) <b>Deborah Nucatola</b>	<b>CA</b>
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**6. Report due October 1, 2009.**  
**Filing fee \$20.00.**

Please make your check or money order payable to the State of Michigan.  
Return to: Department of Energy, Labor & Economic Growth  
Bureau of Commercial Services, Corporation Division  
P.O. Box 30767  
Lansing, MI 48909  
(517) 241-8470

Signature of authorized officer or agent <i>Mary M Lyneis</i>	Title <i>Atty</i>	Date <i>10/5/09</i>	Phone (Optional)
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If more space is needed additional pages may be included. Do not staple any items to report. This report is required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution of the corporation.

[Michigan.gov Home](#)[DELEG](#) | [Sitemap](#) | [Contact](#) | [Online Services](#) | [Agencies](#)[Search](#)**CORPORATE ENTITY DETAILS****Searched for:** MEDICAL DIRECTOR'S COUNCIL**ID Num:** 70300U**Entity Name:** MEDICAL DIRECTOR'S COUNCIL**Type of Entity:** Domestic Nonprofit Corporation**Resident Agent:** MARY M LYNEIS**Registered Office Address:** 40950 WOODWARD AVE STE 306 BLOOMFIELD HILLS MI 48304**Mailing Address:** MI**Formed Under Act Number(s):** 162-1982**Incorporation/Qualification Date:** 4-25-2008**Jurisdiction of Origin:** MICHIGAN**Number of Shares:** 0**Year of Most Recent Annual Report:****Year of Most Recent Annual Report With Officers & Directors:****Status:** ACTIVE **Date:** Present[View Document Images](#)[Return to Search Results](#)[New Search](#)

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# ***Michigan Department of Labor & Economic Growth***

## ***Filing Endorsement***

***This is to Certify that the ARTICLES OF INCORPORATION - NONPROFIT  
for  
MEDICAL DIRECTOR'S COUNCIL***

***ID NUMBER: 70300U***

***received by facsimile transmission on April 25, 2008 is hereby endorsed  
Filed on April 25, 2008 by the Administrator.***

***The document is effective on the date filed, unless a  
subsequent effective date within 90 days after  
received date is stated in the document.***

***In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
in the City of Lansing, this 25TH day  
of April, 2008.***



***, Director***

***Bureau of Commercial Services***

MICHIGAN DEPT. OF LABOR & ECONOMIC GROWTH  
BUREAU OF COMMERICAL SERVICES

(FOR BUREAU USE ONLY)

DATE RECEIVED

Corp. ID No.

## ARTICLES OF INCORPORATION

**OF**

### **MEDICAL DIRECTOR'S COUNCIL**

**(Domestic Nonprofit Corporation)**

**These Articles of Incorporation are signed by the incorporator for the purpose of forming a nonprofit corporation pursuant to the provisions of the Act 162, Public Acts of 1982, as follows:**

## ARTICLE I

The name of the corporation is **MEDICAL DIRECTOR'S COUNCIL** (hereinafter referred to as the "Corporation").

## ARTICLE II

1. The Corporation is organized exclusively for the purpose of receiving and administering funds for the purposes set forth in Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law) (the "Code") and MCL 450.2212 (or the corresponding provision of any future Michigan Compiled Laws) (the "MCL"). The purposes of the Corporation shall include, but not necessarily be limited to, general assistance to the public welfare and other charitable activities within the meaning of Section 501(c)(3) of the Code and Section 450.2212 of the MCL. The corporation may conduct any and all such activities and exercise any and all such powers as are necessary to the achievement of the foregoing and in furtherance of the purposes of the corporation. The primary area of activity shall be providing a forum for continuing medical education and mentoring for medical directors of Planned Parenthood Federation of America, a non-profit organization dedicated to improving women's health and safety, preventing unintended pregnancies and advancing the rights and abilities of individuals and families to make informed and responsible choices.

2. The Corporation, including all activities incident to its purposes, shall at all times be conducted so as to be an organization described in Section 501(c)(3) of the Code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code, (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Code, or (c) by a nonprofit corporation organized under the laws of the State of Michigan pursuant to the provisions of Act 162, Public Acts of 1982, as amended or corresponding provisions of any subsequent Federal tax laws.

3. No part of the assets or net earnings of the Corporation shall inure to the benefit of or be distributable to its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles.

4. No substantial part of the activities of the Corporation shall be the carrying on of the propaganda or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

#### ARTICLE III

The Corporation is organized upon a membership basis. The Directors shall be called Trustees. The Members shall have such rights as are provided in the By-Laws.

The Corporation has no real property or personal property assets.

The Corporation is to be financed through gifts, grants and contributions of funds and property, and the income generated therefrom.

#### ARTICLE IV

The address of the registered office is 40950 Woodward Avenue, Suite 306, Bloomfield Hills, Michigan 48304.

The name of the resident agent at the registered office is Mary M. Lyneis.

#### ARTICLE V

The names and address of the sole incorporator is as follows:

Dr. Michael Hertz, M.D.  
c/o 40950 Woodward Ave., Suite 306  
Bloomfield Hills, MI 48304

## ARTICLE VI

This corporation shall have perpetual existence.

## ARTICLE VII

1. The Board of Trustees of this Corporation shall consist of no more than eight (8) persons who shall also be the officers of the corporation, as determined from time to time by the Members. The Officer Trustees shall be comprised of a president, vice president, secretary-treasurer, three regional trustees and past president trustee. The initial Board shall be comprised of the following individuals:

Paul Fine, M.D., President  
Michael Hertz, M.D., Vice President  
Deborah Nucatola, M.D., Secretary-Treasurer  
Laszlo Sogor, M.D., Central Region Trustee  
Carole Meyers, M.D., Eastern Region Trustee  
Katherine Sheehan, M.D., Western Region Trustee  
Diana Koster, M.D., Past President/Trustee

2. Each member of the initial Board shall serve until the first annual meeting of the Corporation at which time he or she shall cease to be an Officer Trustee unless otherwise elected as provided herein. Thereafter, the term of office of any member of the Board, shall commence upon his or her election by majority vote of the Members and shall continue for a term of three years and thereafter until the Officer Trustee's successor is chosen or until his or her resignation or removal. No Officer Trustee shall serve more than two consecutive terms in the same office.

3. Any Officer Trustee may resign by written notice to the Corporation. Any member of the Board, may be removed as an Officer Trustee at any meeting of the Board, either with or without cause, by the affirmative vote of a majority of the Officer Trustees then in office.

4. If a vacancy shall occur among the members of the Board as a result of death, resignation, removal, or otherwise, such vacancy shall be filled by the affirmative vote of a majority of the remaining Officer Trustees though less than a quorum of the Board. A person selected to fill such vacancy shall be an Officer Trustee until the next annual meeting of the Corporation or until his or her death, resignation or removal prior to the expiration of such period.

## ARTICLE VIII

1. The Corporation will expend its income and such part of its capital as may be required by law for each tax year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1986 or corresponding section of any future federal tax Code.

2. The Corporation will not engage in any act of self-dealing as defined in Section

4941(d) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax Code.

3. The Corporation will not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax Code.

4. The Corporation will not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1986, or corresponding section of any future federal tax Code.

5. The Corporation will not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax Code.

#### ARTICLE IX

Any amendments to Section 3 of Article VII which would effect the rights, powers and election status of an Officer can only be made with the approval of that Trustee.

#### ARTICLE X

Upon the termination, dissolution or winding up of the Corporation, the Board shall, after paying or making provision of the payment of all liabilities of the Corporation, distribute all assets real and personal of the Corporation to such organization or organizations organized and operated exclusively for charitable, educational, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code or corresponding provisions of any subsequent Federal tax laws, as the Board of Directors of the corporation shall determine. Any such assets not so disposed of for whatever reason shall be disposed of by the Circuit Court in the County in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine which are organized and operated exclusively for such purposes. Preference shall be given to an organization one of whose principal activities is medical education.

IN WITNESS WHEREOF, the incorporator of the above named corporation, has hereunto signed these Articles of Incorporation on this 25 day of April, 2008.

  
Dr. Michael Hertz, M.D.  
INCORPORATOR

**DOCUMENT WILL BE RETURNED TO NAME AND MAILING ADDRESS INDICATED IN THE BOX BELOW.** Include name, street and number (or P.O. box), city, state and ZIP code.

Mary M. Lyneis, Esq.  
LoPrete & Lyneis, P.C.  
40950 Woodward Ave., Suite 306  
Bloomfield Hills, MI 48304



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2009**Open to Public  
Inspection**A** For the **2009** calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.

**C** Name of organization**MEDICAL DIRECTOR'S COUNCIL**

Doing Business As

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

**40950 WOODWARD AVENUE, SUITE 306**

Room/suite

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

**BLOOMFIELD HILLS, MI 48304****F** Name and address of principal officer:**MICHAEL HERTZ, M.D.****D** Employer identification number**20-0363930****E** Telephone number**248-594-5770****G** Gross receipts \$**83356.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) ( ☒ ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2008****M** State of legal domicile: **MI****Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>To educate and promote high standards of medical performance in the area of planned parenthood.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>3</b>
	5	Total number of employees (Part V, line 2a)	<b>0</b>
	6	Total number of volunteers (estimate if necessary)	<b>0</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>182867.</b>
	9	Program service revenue (Part VIII, line 2b)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>182867.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5000.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>75827.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>80827.</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>102040.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>102040.</b>
	21	Total liabilities (Part X, line 26)	<b>103861.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>102040.</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.

**Sign Here**

Signature of officer

Date

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

**LOPRETE & LUNETS, P.C.**  
**40950 WOODWARD AVENUE, SUITE 306**  
**BLOOMFIELD HILLS, MI 48304**

Date

8/19/10

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ **248-594-5770**

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

☐ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: See Schedule O for Continuation  
The purpose of the Corporation is to: Promote high standards of  
medical management performance among the membership. Provide a forum  
for discussion and the exchange of information and support among the  
membership. Provide leadership and issue response within the
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 64306. including grants of \$ ) (Revenue \$ )  
In order to accomplish its mission, the Corporation holds an annual  
meeting which provides a forum for continuing medical education  
credits; for discussions and exchange of information and support for  
the attendees; to deal with issues that arise in the profession; to  
promote high standards of medical management.

4b (Code: ) (Expenses \$ 9602. including grants of \$ ) (Revenue \$ )  
The Corporation holds an annual dinner to facilitate the collaboration  
among the members. The members exchange ideas, problems and issues to  
promote increased awareness and promote the highest standard of care.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
The Corporation holds regular teleconferences for the members to  
discuss new medical findings, technology and current issues. The  
Corporation also has an on-line forum so the members can have current  
dialogue regarding specific cases and procedures.

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **\$ 73908.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	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 .....		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ...		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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 .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....		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 .....		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 .....		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional .....	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		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, Part I .....		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, Part II .....		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, Part III .....		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 .....		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 .....		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 .....		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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 .....		X
<b>22</b> 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 .....		X
<b>23</b> 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 .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....		
<b>b</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 .....		
<b>26</b> 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 .....		X
<b>27</b> 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 .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		X
<b>33</b> 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 .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....		X
<b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....		
<b>37</b> 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 .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	3	
1b Enter the number of voting members that are independent	3	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A 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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
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?		X
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 **MI**

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: **DEBORAH NUCATOLA, M.D.**  
**4937 MAMMOTH AVENUE, SHERMAN OAKS, CA 91423**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b> .....								0.	5000.	0.

**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 **0**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(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 **0**



**Part VII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns .....	1a					
	b Membership dues .....	1b	20750.				
	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	62606.				
	g Noncash contributions included in lines 1a-1f: \$ .....						
	h Total. Add lines 1a-1f .....		83356.				
Program Service Revenue	Business Code						
	2 a .....						
	b .....						
	c .....						
	d .....						
	e .....						
	f All other program service revenue .....						
g Total. Add lines 2a-2f .....							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....						
	4 Income from investment of tax-exempt bond proceeds .....						
	5 Royalties .....						
	6 a Gross Rents .....	(i) Real	(ii) Personal				
	b Less: rental expenses .....						
	c Rental income or (loss) .....						
	d Net rental income or (loss) .....						
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses .....						
	c Gain or (loss) .....						
	d Net gain or (loss) .....						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
	b Less: direct expenses .....	b					
	c Net income or (loss) from fundraising events .....						
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a					
	b Less: direct expenses .....	b					
	c Net income or (loss) from gaming activities .....						
	10 a Gross sales of inventory, less returns and allowances .....	a					
	b Less: cost of goods sold .....	b					
	c Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
11 a .....							
b .....							
c .....							
d All other revenue .....							
e Total. Add lines 11a-11d .....							
12 Total revenue. See instructions. ....			83356.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	5000.		5000.	
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 .....				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	1609.		1609.	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	56726.	56726.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ANNUAL DINNER MEETING	9602.	9602.		
b HONORARIUMS	4000.	4000.		
c DEPOSIT FOR 2010 CONVE	1800.	1800.		
d GRAPHIC DESIGN	928.	928.		
e MEMORIAL DONATIONS	604.		604.	
f All other expenses	1266.	852.	414.	
25 Total functional expenses. Add lines 1 through 24f	81535.	73908.	7627.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	102040.	1	103861.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b	10c	
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	102040.	16	103861.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....		17	
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	0.	26	0.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....		27	
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund .....	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds .....	102040.	32	103861.
33 <b>Total net assets or fund balances</b> .....	102040.	33	103861.	
34 <b>Total liabilities and net assets/fund balances</b> .....	102040.	34	103861.	

Form 990 (2009)

**Part XI** Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? ..... 2a

b Were the organization's financial statements audited by an independent accountant? ..... 2b

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. .... 3b

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

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
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



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support (Subtract line 7c from line 6.)						0.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12.)						0.
<b>14</b> 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 checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	.00	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	16		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18		%
<b>19a</b> 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 type="checkbox"/>			
<b>b</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"/>			
<b>20</b> 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 B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

MEDICAL DIRECTOR'S COUNCIL

Employer identification number

20-0363930

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( ☒ ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MEDICAL DIRECTOR'S COUNCIL

Employer identification number  
20-0363930

Form 990, Part III, Line 1, Description of Organization Mission:

Federation. Support and represent all medical aspects of affiliates.

Assure availability of continuing medical education, including medical  
administration and quality assurance.

Form 990, Part VI, Section A, line 6: Officers and trustees are elected  
and report to the members.

Form 990, Part VI, Section A, line 7a: The members elect the board.

Form 990, Part VI, Section B, line 11: 990 was prepared by the attorneys  
for the Corporation and was reviewed by two of the officers of the  
Corporation on behalf of the board.

Form 990, Part VI, Section B, Line 12c: Current officers are required to  
advise immediately to the board any conflict of interest. New officers are  
required to advise of any conflicts prior to accepting appointment as an  
officer or trustee.

Form 990, Part VI, Section C, Line 19: Upon request to the keeper of the  
books and records, the Corporation will make available for inspection the  
governing documents, the conflict of interest policy and financial  
statements. In additions, requests may be made directly to the tax return  
preparer.

Form 990, Part VII Contact Addresses for Officers, Directors, Etc:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

MEDICAL DIRECTOR'S COUNCIL

Employer identification number

20-0363930

PAUL FINE - [REDACTED] TX [REDACTED]

MICHAEL HERTZ - [REDACTED], MI [REDACTED]

DEBORAH NUCATOLA - [REDACTED] [REDACTED] CA [REDACTED]

KATE SHEEHAN - [REDACTED], CA [REDACTED]

LASZLO SOGOR - [REDACTED] [REDACTED], OH [REDACTED]

CAROLE MEYERS - [REDACTED] [REDACTED], PA [REDACTED]

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2008**Open to Public  
Inspection**A** For the 2008 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**MEDICAL DIRECTOR'S COUNCIL**

Doing Business As

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

**40950 WOODWARD AVENUE, SUITE 306**

Room/suite

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

**BLOOMFIELD HILLS, MI 48304****F** Name and address of principal officer:**MICHAEL HERTZ, M.D.****D** Employer identification number**20-0363930****E** Telephone number**248-594-5770****G** Gross receipts \$**182867.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) ( ☒ ) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2008****M** State of legal domicile: **MI****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To educate and promote high standards of medical performance in the area of planned parenthood.</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>3</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	
	<b>6</b>	Total number of volunteers (estimate if necessary)	
		<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)
<b>7b</b>		Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>182867.</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5000.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>75827.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>80827.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>102040.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b> <b>End of Year</b> <b>102040.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>102040.</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.

Sign Here

Signature of officer

Date

Type or print name and title

Paid

Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

**LOPRETE & LYNEIS, P.C.****40950 WOODWARD AVENUE, SUITE 306****BLOOMFIELD HILLS, MI 48304**

Date

**4/13/09**Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ **248-594-5770**May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: See Schedule O for Continuation  
The purpose of the Corporation is to: Promote high standards of  
medical management performance among the membership. Provide a forum  
for discussion and the exchange of information and support among the  
membership. Provide leadership and issue response within the
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 54844. including grants of \$ ) (Revenue \$ )  
In order to accomplish its mission, the Corporation holds an annual  
meeting which provides a forum for continuing medical education  
credits; for discussions and exchange of information and support for  
the attendees; to deal with issues that arise in the profession; to  
promote high standards of medical management.

4b (Code: ) (Expenses \$ 13163. including grants of \$ ) (Revenue \$ )  
The Corporation holds an annual dinner to facilitate the collaboration  
among the members. The members exchange ideas, problems and issues to  
promote increased awareness and promote the highest standard of care.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
The Corporation holds regular teleconferences for the members to  
discuss new medical findings, technology and current issues. The  
Corporation also has an on-line forum so the members can have current  
dialogue regarding specific cases and procedures.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 68007. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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 U.S.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	3
b Enter the number of voting members that are independent	1b	3
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
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?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 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	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **None**

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: **DEBORAH NUCATOLA, M.D.**  
**4937 MAMMOTH AVENUE, SHERMAN OAKS, CA 91423**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

[illegible]

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
-----------------	--

[illegible]

1b Total .....	5000.	0.	0.
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2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

**3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3		X
4		X
5		X

## Section B. Independent Contractors

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

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

**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
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns .....	1a					
	b Membership dues .....	1b	49450.				
	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	133417.				
	g Noncash contributions included in lines 1a-1f: \$ .....						
	h <b>Total.</b> Add lines 1a-1f .....			182867.			
<b>Program Service Revenue</b>	Business Code						
	2 a .....						
	b .....						
	c .....						
	d .....						
	e .....						
	f All other program service revenue .....						
g <b>Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) .....						
	4 Income from investment of tax-exempt bond proceeds .....						
	5 Royalties .....						
	6 a Gross Rents .....	(i) Real	(ii) Personal				
	b Less: rental expenses .....						
	c Rental income or (loss) .....						
	d Net rental income or (loss) .....						
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses .....						
	c Gain or (loss) .....						
	d Net gain or (loss) .....						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
	b Less: direct expenses .....	b					
	c Net income or (loss) from fundraising events .....						
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a					
	b Less: direct expenses .....	b					
	c Net income or (loss) from gaming activities .....						
10 a Gross sales of inventory, less returns and allowances .....	a						
b Less: cost of goods sold .....	b						
c Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			Business Code				
11 a .....							
b .....							
c .....							
d All other revenue .....							
e <b>Total.</b> Add lines 11a-11d .....							
12 <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e .....			182867.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	5000.		5000.	
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 .....				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	5140.		5140.	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	1073.	549.	524.	
14 Information technology .....	448.		448.	
15 Royalties .....				
16 Occupancy .....	34800.	34800.		
17 Travel .....	3254.	3254.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	20113.	20113.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>HONORARIUM</b> .....	5000.	5000.		
b <b>CONTINUING MEDICAL EDUC</b> .....	2700.	2700.		
c <b>IRS FILING FEE</b> .....	750.		750.	
d <b>GRAPHIC DESIGN</b> .....	735.		735.	
e <b>CONFERENCE CD-R'S</b> .....	597.	597.		
f All other expenses .....	1217.	994.	223.	
<b>25 Total functional expenses. Add lines 1 through 24f</b> .....	<b>80827.</b>	<b>68007.</b>	<b>12820.</b>	<b>0.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1	102040.
	2 Savings and temporary cash investments .....	2	
	3 Pledges and grants receivable, net .....	3	
	4 Accounts receivable, net .....	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....	6	
	7 Notes and loans receivable, net .....	7	
	8 Inventories for sale or use .....	8	
	9 Prepaid expenses and deferred charges .....	9	
	10a Land, buildings, and equipment: cost basis ... 10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b	10c	
	11 Investments - publicly traded securities .....	11	
	12 Investments - other securities. See Part IV, line 11 .....	12	
	13 Investments - program-related. See Part IV, line 11 .....	13	
	14 Intangible assets .....	14	
	15 Other assets. See Part IV, line 11 .....	15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	0. 16	102040.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	17	
	18 Grants payable .....	18	
	19 Deferred revenue .....	19	
	20 Tax-exempt bond liabilities .....	20	
	21 Escrow account liability. Complete Part IV of Schedule D .....	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	22	
	23 Secured mortgages and notes payable to unrelated third parties .....	23	
	24 Unsecured notes and loans payable .....	24	
	25 Other liabilities. Complete Part X of Schedule D .....	25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	0. 26	0.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets .....	27	
	28 Temporarily restricted net assets .....	28	
	29 Permanently restricted net assets .....	29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds .....	0. 30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund .....	0. 31	0.
	32 Retained earnings, endowment, accumulated income, or other funds .....	0. 32	102040.
	33 <b>Total net assets or fund balances</b> .....	0. 33	102040.
	34 <b>Total liabilities and net assets/fund balances</b> .....	0. 34	102040.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
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 lines 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	
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? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? .....	3b	

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

MEDICAL DIRECTOR'S COUNCIL

Employer identification number  
20-0363930

Form 990, Part III, Line 1, Description of Organization Mission:

Federation. Support and represent all medical aspects of affiliates.

Assure availability of continuing medical education, including medical administration and quality assurance.

Form 990, Part VI, Section A, line 6: Officers and trustees are elected and report to the members.

Form 990, Part VI, Section A, line 7a: The members elect the board.

Form 990, Part VI, Section A, line 10: 990 was prepared by the attorneys for the Corporation and was reviewed by two of the officers of the Corporation on behalf of the board.

Form 990, Part VI, Section B, Line 12c: Current officers are required to advise immediately to the board any conflict of interest. New officers are required to advise of any conflicts prior to accepting appointment as an officer or trustee.

Form 990, Part VI, Section C, Line 19: Upon request to the keeper of the books and records, the Corporation will make available for inspection the governing documents, the conflict of interest policy and financial statements. In additions, requests may be made directly to the tax return preparer.

Form 990, Part VII Contact Addresses for Officers, Directors, Etc:

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

MEDICAL DIRECTOR'S COUNCIL

Employer identification number  
20-0363930

PAUL FINE -

[REDACTED]

TX

[REDACTED]

MICHAEL HERTZ -

[REDACTED]

MI

[REDACTED]

DEBORAH NUCATOLA -

[REDACTED]

CA

[REDACTED]

KATE SHEEHAN -

[REDACTED]

CA

[REDACTED]

LASZLO SOGOR -

[REDACTED]

OH

[REDACTED]

CAROLE MEYERS -

[REDACTED]

PA

[REDACTED]

# LOPRETE & LYNEIS, P.C.

ATTORNEYS AT LAW

JAMES H. LOPRETE  
MARY M. LYNEIS  
RUTH R. LOPRETE

40950 WOODWARD AVE.  
SUITE 306  
BLOOMFIELD HILLS, MI 48304-5128  
PHONE: (248) 594-5770  
FAX: (248) 232-8955  
WWW.LOPRETEANDLYNEISPC.COM

OF COUNSEL:  
CHRISDON F. ROSSI  
MONICA H. ROSSI

October 5, 2010

Attorney General  
Charitable Trust Section  
P.O. Box 30214  
Lansing, MI 48909

Dept. of the  
Attorney General  
OCT 07 2010  
Charitable Trust Section  
RECEIVED

**Re: Medical Director's Council - T 42018**

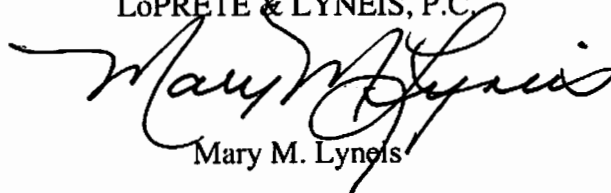
Dear Sir / Madam:

Enclosed please find the Initial Solicitation Application / Registration along with a copy of the 2008 and 2009 Form 990 filed by Medical Director's Council.

Should you require any additional documentation, please do not hesitate to contact me.

Very truly yours,

LOPRETE & LYNEIS, P.C.



Mary M. Lyneis

MML:bq  
Enclosures  
cc: Michael Hertz, M.D.



STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



MIKE COX  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

September 14, 2010

Michael Hertz

[REDACTED]  
[REDACTED] MI [REDACTED]

Dear Sir:

Re: Medical Director's Council - T 42018

We previously sent the enclosed correspondence to the organization requesting further action. Records indicate we have not received a response other than to continue to receive IRS 990s along with enclosed cover letters.

Please respond to the original request. An application is also enclosed. There is no fee. If other forms are needed, they are available at [www.michigan.gov/ag](http://www.michigan.gov/ag) by clicking on the "Charities" link in the right frame of the homepage. Forms are also available from our office.

Notify our office in writing if the organization is no longer accepting donations from Michigan sources and/or does not hold assets in Michigan to be used for charitable purposes.

This letter will be retained to show notification of our requirements. If you have questions, contact our office.

Department of Attorney General  
Charitable Trust Section  
(517) 373-1152  
(517) 241-7074 fax  
[www.michigan.gov/ag](http://www.michigan.gov/ag)

jg

# LOPRETE & LYNEIS, P.C.

ATTORNEYS AT LAW

JAMES H. LOPRETE  
MARY M. LYNEIS  
RUTH R. LOPRETE

40950 WOODWARD AVE.  
SUITE 306  
BLOOMFIELD HILLS, MI 48304-5128  
PHONE: (248) 594-5770  
FAX: (248) 232-8955  
WWW.LOPRETEANDLYNEISPC.COM

OF COUNSEL:  
CHRISDON F. ROSSI  
MONICA H. ROSSI

4/20/18

August 20, 2010

Tracy A. Sonneborn, Esq.  
Assistant Attorney General  
Consumer Protection Division,  
Charitable Trust Section  
State of Michigan  
PO Box 30214  
Lansing, MI 48909

Dept. of the  
Attorney General

AUG 27 2010

Charitable Trust Section  
RECEIVED

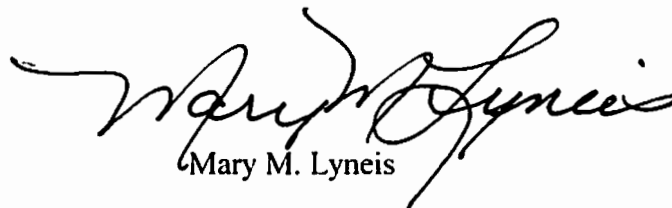
**Re: Medical Director's Council  
E.I.N. 20-0363930**

Dear Mr. Sonneborn:

Enclosed please find a copy of the 2009, Form 990, Return of Organization Exempt form Income Tax for the above public charity.

Very truly yours,

LOPRETE & LYNEIS, P.C.

  
Mary M. Lyneis

/bq  
Enclosures

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



MIKE COX  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

March 11, 2010

Medical Director's Council  
c/o Mary Lyneis, LoPrete & Lyneis  
40950 Woodward, Suite 306  
Bloomfield Hills, MI 48304-5128

Dear Madam:

Re: Medical Director's Council - Q 42018

The Attorney General Charitable Trust Section administers Michigan laws for licensing and/or registering charities, the Charitable Organizations and Solicitations Act (COSA) MCL400.271 et seq. and the Supervision of Trustees for Charitable Purposes Act (STCPA), MCL 14.251 et seq.

The Charitable Trust Section recently reviewed an old file for your organization. It appears the status of the organization under COSA and STCPA was not determined. We did not receive a response to the enclosed inquiry.

The organization appears to have IRS status as a 501(c)(3) charity. The 990 filed for 2008 shows contributions were received. Articles of incorporation filed with the Department of Energy, Labor, & Economic Growth are current and active.

To ensure the organization is in compliance with Michigan law, complete and submit the enclosed Initial Solicitation Application/Registration. Other forms and information are available on our website. There is no fee.

Please notify our agency in writing if the organization is no longer operating, is no longer accepting donations from Michigan sources, or if assets used for charitable purposes are no longer held in Michigan. Provide the requested form or notification within thirty (30) days.

This letter will be retained to show notification of our requirements. If you have questions, please go to our website at [www.michigan.gov/ag](http://www.michigan.gov/ag) and click on the 'Charities' hotlink located in the right frame of the homepage or contact our office.

Department of Attorney General  
Charitable Trust Section  
(517) 373-1152  
(517) 241-7074 fax

jg

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



MIKE COX  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

April 29, 2009

Medical Director's Council  
c/o Mary Lyneis, LoPrete & Lyneis  
40950 Woodward, Suite 306  
Bloomfield Hills, MI 48304-5128

Dear Sir/Madam:

Re: Medical Director's Council Q 42018

Your IRS Form 990 has been received and we find no current license file.

To aid this office in determining whether the above-captioned must obtain a license to solicit donations pursuant to 1975 PA 169, we are enclosing our Initial Solicitation Application/Registration. Please complete and return this form within the next twenty days. A Request for Exemption form is also enclosed for possible use.

You will receive a determination letter and notification of license and or registration. If you have any questions, please refer to the website below or contact our office.

Department of Attorney General  
Charitable Trust Section  
(517) 373-1152  
[www.michigan.gov/ag](http://www.michigan.gov/ag)

jg

# LOPRETE & LYNEIS, P.C.

ATTORNEYS AT LAW

JAMES H. LOPRETE  
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PHONE: (248) 594-5770  
FAX: (248) 232-8955  
WWW.LOPRETEANDLYNEISPC.COM

Dept. of the  
Attorney General

APR 27 2009

Charitable Trust Section  
RECEIVED

April 14, 2009

Tracy A. Sonneborn, Esq.  
Assistant Attorney General  
Consumer Protection Division,  
Charitable Trust Section  
State of Michigan  
PO Box 30214  
Lansing, MI 48909

42018


**Re: Medical Director's Council  
E.I.N. 20-0363930**

Dear Mr. Sonneborn:

Enclosed please find a copy of the 2008, Form 990, Return of Organization Exempt form Income Tax for the above public charity.

Very truly yours,

LOPRETE & LYNEIS, P.C.



Mary M. Lyneis

/bq  
Enclosures

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



MIKE COX  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

March 11, 2010

Medical Director's Council  
c/o Mary Lyneis, LoPrete & Lyneis  
40950 Woodward, Suite 306  
Bloomfield Hills, MI 48304-5128

Dear Madam:

Re: Medical Director's Council - Q 42018

The Attorney General Charitable Trust Section administers Michigan laws for licensing and/or registering charities, the Charitable Organizations and Solicitations Act (COSA) MCL400.271 et seq. and the Supervision of Trustees for Charitable Purposes Act (STCPA), MCL 14.251 et seq.

The Charitable Trust Section recently reviewed an old file for your organization. It appears the status of the organization under COSA and STCPA was not determined. We did not receive a response to the enclosed inquiry.

The organization appears to have IRS status as a 501(c)(3) charity. The 990 filed for 2008 shows contributions were received. Articles of incorporation filed with the Department of Energy, Labor, & Economic Growth are current and active.

To ensure the organization is in compliance with Michigan law, complete and submit the enclosed Initial Solicitation Application/Registration. Other forms and information are available on our website. There is no fee.

Please notify our agency in writing if the organization is no longer operating, is no longer accepting donations from Michigan sources, or if assets used for charitable purposes are no longer held in Michigan. Provide the requested form or notification within thirty (30) days.

This letter will be retained to show notification of our requirements. If you have questions, please go to our website at [www.michigan.gov/ag](http://www.michigan.gov/ag) and click on the 'Charities' hotlink located in the right frame of the homepage or contact our office.

Department of Attorney General  
Charitable Trust Section  
(517) 373-1152  
(517) 241-7074 fax

jg

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STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



MIKE COX  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

October 07, 2010

Medical Director's Council  
c/o Mary Lyneis, LoPrete & Lyneis  
40950 Woodward, Suite 306  
Bloomfield Hills, MI 48304-5128

Dear Madam:

Re: Medical Director's Council - CT 42018

Thank you for submitting initial forms and related information. Determinations are based on Michigan laws regulating charities, the Charitable Organizations and Solicitations Act (COSA), MCL 400.271 et seq. and the Supervision of Trustees for Charitable Purposes Act (STCPA), MCL 14.251 et seq.

It appears this organization will not solicit or receive donations from any Michigan source. Therefore, a Charitable Solicitation License under COSA is not required. If in the future the organization plans to solicit or receive contributions from Michigan sources, please notify our office as a license may be required.

This organization is now registered as a charitable trust under STCPA. Registration requires an annual financial report. Annual financial accountings must be filed six (6) months following the close of each fiscal year. Accountings may be a copy of the IRS 990, 990-PF, 990-EZ, or a certified audit. If the IRS does not require filing, you may submit a completed IRS 990 or 990-EZ to our office to fulfill the financial reporting requirement.

Please send a copy of the IRS determination of 501(c)(3) status.

This letter will be retained to show notification of our requirements. If you have questions, please go to our website at [www.michigan.gov/ag](http://www.michigan.gov/ag) and click on the 'Charities' hotlink located in the right frame of the homepage or contact our office.

Sincerely,

Joanne Gram, Analyst  
Charitable Trust Section  
(517) 373-1152

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STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



MIKE COX  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

September 14, 2010

Michael Hertz  
3976 Deer Glen Drive  
Ann Arbor MI 48108-2707

Dear Sir:

Re: Medical Director's Council - T 42018

We previously sent the enclosed correspondence to the organization requesting further action. Records indicate we have not received a response other than to continue to receive IRS 990s along with enclosed cover letters.

Please respond to the original request. An application is also enclosed. There is no fee. If other forms are needed, they are available at [www.michigan.gov/ag](http://www.michigan.gov/ag) by clicking on the "Charities" link in the right frame of the homepage. Forms are also available from our office.

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jg

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STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



**MIKE COX**  
ATTORNEY GENERAL

P.O. Box 30214  
LANSING, MICHIGAN 48909

April 29, 2009

Medical Director's Council  
c/o Mary Lyneis, LoPrete & Lyneis  
40950 Woodward, Suite 306  
Bloomfield Hills, MI 48304-5128

Dear Sir/Madam:

Re: Medical Director's Council Q 42018

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You will receive a determination letter and notification of license and or registration. If you have any questions, please refer to the website below or contact our office.

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jg

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