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CHANGE OF ACCOUNTING PERIOD

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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning OCT 1, 2007 and ending MAR 31, 2008

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
SOCIETY FOR VASCULAR SURGERY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
633 N. SAINT CLAIR ST., FLOOR 24

City or town, state or country, and ZIP + 4
CHICAGO, IL 60611

D Employer identification number
22-2990719

E Telephone number
800-258-7188

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶WWW.VASCULARWEB.ORG

J Organization type (check only one) ▶ ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,994,528.

M Check ▶ ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

SCANNED MAR 07 2012

CLIENT COPY

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ ____ noncash $ ____)		1e	0.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	1,325,400.
	3	Membership dues and assessments		3	340,800.
	4	Interest on savings and temporary cash investments		4	9,405.
	5	Dividends and interest from securities		5	80,663.
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	
	7	Other investment income (describe ▶ ____)		7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 4,150,574.	8a		
	b	Less: cost or other basis and sales expenses: 4,114,776.	8b		
	c	Gain or (loss) (attach schedule): 35,798.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2		8d	35,798.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	
	11	Other revenue (from Part VII, line 103)		11	87,686.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	1,879,752.
Expenses	13	Program services (from line 44, column (B))		13	
	14	Management and general (from line 44, column (C))		14	
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses.** Add lines 16 and 44, column (A)		17	1,858,579.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	21,173.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	3,784,261.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3		20	<272,200.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	3,533,234.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 4,000. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	4,000.			
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	137,384.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	327,227.			
27 Pension plan contributions not included on lines 25a, b, and c	27	6,590.			
28 Employee benefits not included on lines 25a - 27	28	27,076.			
29 Payroll taxes	29	31,601.			
30 Professional fundraising fees	30				
31 Accounting fees	31	43,324.			
32 Legal fees	32	16,644.			
33 Supplies	33	11,262.			
34 Telephone	34	15,747.			
35 Postage and shipping	35	26,322.			
36 Occupancy	36	29,544.			
37 Equipment rental and maintenance	37				
38 Printing and publications	38	62,828.			
39 Travel	39	140,624.			
40 Conferences, conventions, and meetings	40	33,934.			
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	5,666.			
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	938,806.			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,858,579.			

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A , (ii) the amount allocated to Program services $ N/A ,

(iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts; but optional for others)

a ANNUAL MEETING - TO PROMOTE THE STUDY AND RESEARCH OF VASCULAR DISEASES, TO DEFINE THE ROLE OF SURGERY IN THESE DISEASES, AND TO STANDARDIZE THE METHODS OF STUDY

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

b EDUCATION AND RESEARCH - TO PROMOTE THE STUDY AND RESEARCH OF VASCULAR DISEASES, EXPAND KNOWLEDGE OF VASCULAR DISEASES, AND ENCOURAGE THE EXPANSION OF THE FIELD

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c PUBLICATION - JOURNAL OF VASCULAR SURGERY

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d ADVOCACY AND GOVERNMENT SPENDING - TO LOBBY GOVERNMENT ORGANIZATIONS FOR WIDER RECOGNITION OF AND MEDICARE COVERAGE FOR VASCULAR DISEASES AND TREATMENT

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

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12-27-07

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing	540,874.	45	1,136,896.
	46	Savings and temporary cash investments	421,135.	46	582,936.
	47 a	Accounts receivable 47a			
	b	Less: allowance for doubtful accounts 47b		47c	
	48 a	Pledges receivable 48a 180,000.			
	b	Less: allowance for doubtful accounts 48b	200,000.	48c	180,000.
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable 51a			
	b	Less: allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	172,540.	53	273,406.
	54 a	Investments - *publicly-traded securities* STMT 7 ▶ ☐ Cost ☒ FMV	3,048,133.	54a	2,713,950.
	b	Investments - other securities ▶ ☐ Cost ☐ FMV		54b	
	55 a	Investments - land, buildings, and equipment: basis STMT 6 55a			
	b	Less: accumulated depreciation 55b		55c	
	56	Investments - other		56	
	57 a	Land, buildings, and equipment: basis 57a 59,909.			
	b	Less: accumulated depreciation 57b 44,126.	20,395.	57c	15,783.
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)	7,638.	58	45,594.
	59	**Total assets** (must equal line 74). Add lines 45 through 58	4,410,715.	59	4,948,565.
Liabilities	60	Accounts payable and accrued expenses	100,932.	60	138,210.
	61	Grants payable		61	
	62	Deferred revenue	507,822.	62	1,261,666.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 9)	17,700.	65	15,455.
	66	**Total liabilities.** Add lines 60 through 65	626,454.	66	1,415,331.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67	Unrestricted	3,313,381.	67	3,080,123.
	68	Temporarily restricted	245,880.	68	228,111.
	69	Permanently restricted	225,000.	69	225,000.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,784,261.	73	3,533,234.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73	4,410,715.	74	4,948,565.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	1,588,927.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	<272,200.>		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	<272,200.>
c	Subtract line b from line a			c	1,861,127.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	18,625.		
2	Other (specify):	d2			
	Add lines d1 and d2			d	18,625.
e	Total revenue (Part I, line 12). Add lines c and d			e	1,879,752.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	1,839,954.
b	Amounts included on line a but not on Part I, line 17.				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	1,839,954.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	18,625.		
2	Other (specify):	d2			
	Add lines d1 and d2			d	18,625.
e	Total expenses (Part I, line 17). Add lines c and d			e	1,858,579.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		118,866.	17,532.	986.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c		X
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? 78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b	If "Yes," enter the name of the organization ▶ AMERICAN VASCULAR ASSOCIATION and check whether it is [X] exempt or [ ] nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 30,182.		
b	Did the organization file **Form 1120-POL** for this year? 81b		X

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Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?		85a		X
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b		X
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c 340,800.			
d	Section 162(e) lobbying and political expenditures	85d 30,182.			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e 30,182.			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 0.			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction N/A		89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.				
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ▶ NONE				
b	Number of employees employed in the pay period that includes March 12, 2007	90b 11			
91 a	*The books are in care of* ▶ REBECCA M. MARON, CAE *Telephone no* ▶ 800-258-7188 Located at ▶ 633 N. SAINT CLAIR ST, 24TH FLOOR, CHICAGO, IL ZIP + 4 ▶ 60611				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.		91b		X

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a ROYALTIES			15	1,034,197.	
b ANNUAL MEETING REVENUE			07	40,500.	
c EDUCATION PROGRAMS					166,275.
d SOCIOECONOMIC INCOME					59,784.
e PAC FUND CONTRIBUTIONS					24,644.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					340,800.
95 Interest on savings and temporary cash investments			14	9,405.	
96 Dividends and interest from securities			14	80,663.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	35,798.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	65,120.	
b JOB POSTING REVENUE	812900	22,566.			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		22,566.		1,265,683.	591,503.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					1,879,752.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

▶ Rebecca M Maron — Signature of officer — Date 11/7/08

▶ Rebecca M Maron Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Legacy Professionals LLP — Date 10/24/08 — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN (See Gen Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LEGACY PROFESSIONALS, LLP
30 N. LASALLE ST., SUITE 4200
CHICAGO, IL 60602

EIN ▶

Phone no. ▶ 312-368-0500

FOOTNOTES STATEMENT 1

PAGE V, PART V-A LIST OF OFFICERS
ROBERT M. ZWOLAK RECEIVED $18,750 DURING THE PERIOD ENDED MARCH 31, 2008 AS A HEALTH POLICY AND GOVERNMENT RELATIONS CONSULTANT OF THE SOCIETY FOR VASCULAR SURGERY.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
COMMON STOCK	341,051.	314,264.	0.	26,787.
US GOVERNMENT BACKED SECURITIES	3,809,523.	3,800,512.	0.	9,011.
TO FORM 990, PART I, LINE 8	4,150,574.	4,114,776.	0.	35,798.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED DECREASE ON INVESTMENT HELD AT YEAR END	<272,200.>
TOTAL TO FORM 990, PART I, LINE 20	<272,200.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	13,460.			
BOOKS, DUES, SUBSCRIPTIONS	14,841.			
INSURANCE	2,653.			
TRAINING & EDUCATION	1,048.			
INFORMATION SERVICES	62,459.			
ADVERTISING	23,950.			
INVESTMENT MANAGER FEES	18,625.			
MANAGEMENT FEES	72,284.			
PAYROLL FEES	2,423.			
ARTWORK & DESIGN	11,076.			
PHOTOCOPYING	271.			
OTHER PROFESSIONAL FEES	343,088.			
AUDIO VISUAL EQUIPMENT RENTAL	25,802.			
TEMPORARY HELP	49,297.			
WEBSITE EXPENSE	76,162.			
HONORARIA	162,000.			

MISCELLANEOUS	
EDUCATION MATERIALS	9,132.
PUBLISHING EXPENSES	20,053.
POLITICAL ACTION FUND EXPENSES	30,182.
TOTAL TO FM 990, LN 43	938,806.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO IMPROVE THE TREATMENT OF VASCULAR DISEASE BY PROMOTING AND CONDUCTING CLINICAL AND BASIC RESEARCH, DEVELOPING STANDARDS, AND MEASURING OUTCOMES

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	FMV	1,489,412.			1,489,412.
MUTUAL FUNDS	FMV			278,478.	278,478.
TO FORM 990, LINE 54A, COL B		1,489,412.		278,478.	1,767,890.

FORM 990 GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT BACKED SECURITIES	FMV	946,060.		946,060.
TOTAL TO FORM 990, LINE 54A, COL B		946,060.		946,060.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCRUED INCOME	7,540.	6,923.
DUE FROM RELATED ORGANIZATION	98.	38,671.
TOTAL TO FORM 990, PART IV, LINE 58	7,638.	45,594.

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE TO RELATED ORGANIZATION	17,700.	15,455.
TOTAL TO FORM 990, PART IV, LINE 65	17,700.	15,455.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
K. WAYNE JOHNSTON, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	PRESIDENT 3.00	0.	0.	0.
G. PATRICK CLAGETT, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	PRESIDENT ELECT 2.00	0.	0.	0.
ANTON N. SIDAWY, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	VICE PRESIDENT 2.00	0.	0.	0.
PETER GLOVICZKI, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	SECRETARY 1.50	0.	0.	0.
ROBERT M. ZWOLAK, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	TREASURER 2.00	18,750.	0.	0.
RICHARD P. CAMBRIA, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	RECORDER 1.30	0.	0.	0.
K. CRAIG KENT, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	PAST - PRESIDENT 1.30	0.	0.	0.
ALEXANDER W. CLOWES, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	CHAIR - FELLOWS COUNCIL 1.30	0.	0.	0.
JOSEPH L. MILLS, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	VICE CHAIR - FELLOWS COUNC 0.40	0.	0.	0.
PETER F. LAWRENCE, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	CHAIR - EDUCATION COUNCIL 0.40	0.	0.	0.
BRUCE A. PERLER, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	CHAIR - CLINICAL PRACTICE COUNCIL 0.40	0.	0.	0.

RICHARD J. POWELL, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	CHAIR - RESEARCH COUNCIL 0.40	0.	0.	0.
CHARLES STERNBERGH, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
CLAUDIO LINA, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
MICHAEL DALSING, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
ROBERT MCLAFFERTY, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
FRANK B. POMPOSELLI, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
O. WILLIAM BROWN, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
FRANK CRIADO, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
JEFFERY BALLARD, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
BLAIR A. KEAGY, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
JOHN EIDT, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 0.40	0.	0.	0.
GEORGE H. MEIER, MD 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	DIRECTOR 1.30	0.	0.	0.
REBECCA M. MARON 633 N SAINT CLAIR ST., 24TH FLOOR CHICAGO, IL 60611	EXECUTIVE DIRECTOR 40.00	100,116.	17,532.	986.
TOTALS INCLUDED ON FORM 990, PART V-A		118,866.	17,532.	986.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 C-D	——EDUCATION AND SOCIOECONOMIC PROGRAMS INCOME ARE USED TO HELP UNDERWRITE THE COST OF EDUCATIONAL AND SOCIOECONOMIC PROGRAMS WHICH FORM THE BASIS OF THE EXEMPTION OF THE ORGANIZATION.
94 93E	——AMOUNTS PAID BY MEMBERS AS CONSIDERATION FOR PROVIDING GOODS, SERVICES OR FACILITIES IN FUTHERANCE OF THE PURPOSE CONSTITUTING THE BASIS FOR THE EXEMPTION OF THE ORGANIZATION.

Society for Vascular Surgery
EIN 22-2990719
Y/E 03/31/08

Part II, Line 22 - Grants

American College of Surgeons	4,000
	$ 4,000

SOCIETY FOR VASCULAR SURGERY
EIN 22-2990719
Y/E 3/31/2008

PART II, LINE 42 - DEPRE. & PART IV, LINE 57 - FIXED ASSETS

FURNITURE & EQUIPMENT - AT COST 03/31/07	58,855
TOTAL FIXED ASSETS - AT COST	58,855
ADD - PURCHASES OF FIXED ASSETS	
FURNITURE & EQUIPMENT	1,054
TOTAL PURCHASES	1,054
FURNITURE & EQUIPMENT - AT COST 03/31/08	59,909
TOTAL FIXED ASSETS - AT COST	59,909
LESS - PRIOR YEARS' ACCUMULATED S/L DEPRECIATION	
FURNITURE & EQUIPMENT	38,460
TOTAL PRIOR YEARS'ACCUMULATED DEPRECIATION	38,460
LESS - CURRENT YEAR S/L DEPRECIATION EXPENSE	
FURNITURE & EQUIPMENT	5,666
TOTAL CURRENT YEAR DEPRECIATION EXPENSE	5,666
TOTAL ACCUMULATED DEPRECIATION @ 3/31/08	44,126
NET FIXED ASSETS	15,783

Form **8868** (Rev. April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

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

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	SOCIETY FOR VASCULAR SURGERY	22-2990719
	Number, street, and room or suite no. If a P.O. box, see instructions. 633 N. SAINT CLAIR ST., FLOOR 24	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60611	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

INTERNAL REVENUE SERVICE
CHICAGO, IL 60604
AUG 15 2008
RECEIVED
47417

- The books are in the care of ▶ REBECCA M. MARON, CAE
  Telephone No. ▶ 800-258-7188 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning OCT 1, 2007, and ending MAR 31, 2008.

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

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

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