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Form **990-EZ**

# Short Form

## 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)

OMB No 1545-1150

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **Jul 1**, 2008, and ending **Jun 30**, 2009

**B** Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending.

**C** Name of organization: **ASSOCIATION OF PROGRAM DIRECTORS IN SURGERY**  
Number and street (or P.O. box, if mail is not delivered to street address): **6400 GOLDSBORO ROAD**  
Room/suite: **450**  
City or town, state or country, and ZIP + 4: **BETHESDA MD 20817-5846**

**D** Employer identification number: **23-2513181**

**E** Telephone number: **(301) 320-1200**

**F** Group Exemption Number: **►**

**G** Accounting method: ☐ Cash, ☐ Accrual. Other (specify): **MOD CASH**

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **► N/A**

**J** Organization type (check only one) — ☒ 501(c) ( **3** ) (insert no) ☐ 4947(a)(1) or ☐ 527

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **► \$ 840,023.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>20,000.</b>
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>363,979.</b>
<b>3</b> Membership dues and assessments	<b>3</b>	<b>168,705.</b>
<b>4</b> Investment income	<b>4</b>	<b>13,605.</b>
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	<b>270,784.</b>
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	<b>307,479.</b>
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	<b>-36,695.</b>
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe: <b>OTHER INCOME</b> )	<b>8</b>	<b>2,950.</b>
<b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	<b>532,544.</b>
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>20,000.</b>
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>121,179.</b>
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>3,488.</b>
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>8,140.</b>
<b>16</b> Other expenses (describe: <b>See Other Expenses Statement</b> )	<b>16</b>	<b>297,092.</b>
<b>17</b> Total expenses (add lines 10 through 16)	<b>17</b>	<b>449,899.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>82,645.</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>1,315,622.</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>-95,779.</b>
<b>21</b> Net assets or fund balances at end of year (Combine lines 18 through 20)	<b>21</b>	<b>1,302,488.</b>

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>1,428,382.</b>	<b>1,374,782.</b>
<b>23</b> Land and buildings	<b>0.</b>	<b>0.</b>
<b>24</b> Other assets (describe: <b>►</b> )	<b>0.</b>	<b>0.</b>
<b>25</b> Total assets	<b>1,428,382.</b>	<b>1,374,782.</b>
<b>26</b> Total liabilities (describe: <b>See L-26 Stmt</b> )	<b>112,760.</b>	<b>72,294.</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>1,315,622.</b>	<b>1,302,488.</b>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>RESEARCH, TRAINING &amp; EDUCATION OF GENERAL SURGEONS</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>THE WINTER MEETING IS AN ANNUAL EVENT WHICH PROVIDES ITS MEMBERS WITH AN OPPORTUNITY TO ENHANCE THEIR UNDERSTANDING OF CHANGES &amp; PROBLEMS FACING SURGICAL RESIDENCY PROGRAMS &amp; IMPROVE MANAGEMENT SKILLS</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	149,789.
29	<u>PUBLICATIONS AND CONTINUING PROFESSIONAL EDUCATION PROVIDED RESOURCES TO MEMBERS TO LEARN OF ADVANCES IN SCIENCE AND SURGICAL PROCEDURES.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	63,963.
30	----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	213,752.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
GEORGE FUHRMAN, M.D. 303 PARKWAY DRIVE, NE ATLANTA GA 30312	PAST PRESIDENT 2.00	0.	0.	0.
KAREN BORMAN, M.D. PO BOX 160116 ORLANDO FL 32816	PRESIDENT 2.00	0.	0.	0.
PAULA TERMUHLLEN, M.D. ONE WYOMING STREET DAYTON OH 45409	TREASURER 2.00	0.	0.	0.
JON MORRIS, M.D. 3400 SPRUCE STREET, #4 PHILADELPHIA PA 19104	SECRETARY 2.00	0.	0.	0.
LINDA REILLY, M.D. 513 PARNASSUS AVE, ROOM S321 SAN FRANCISCO CA 94143	PRESIDENT-ELECT 2.00	0.	0.	0.
FRANK LEWIS, M.D. 1617 JFK BLVD PHILADELPHIA PA 19103	EXECUTIVE COMMITTEE 2.00	0.	0.	0.
ROBERT STICCA, M.D. 501 N. COLUMBIA ROAD, STOP 9037 GRAND FORKS ND 58203	EXECUTIVE COMMITTEE 2.00	0.	0.	0.
JOHN MELLINGER, M.D. 1120 15 STREET AUGUSTA GA 90912	EXECUTIVE COMMITTEE 2.00	0.	0.	0.
THOMAS COGBILL 1836 S AVE., MC C05-001 LACROSSE WI 54601	EXECUTIVE COMMITTEE 2.00	0.	0.	0.
MARC K. WALLACK, M.D. 1901 FIRST AVE NEW YORK NY 10029	EXECUTIVE COMMITTEE 2.00	0.	0.	0.
JOHN A. WEIGELT, M.D. 9200 W WISCONSIN AVE MILWAUKEE WI 53226	EXECUTIVE COMMITTEE 2.00	0.	0.	0.
THOMAS WHALEN, M.D. 1240 S CEDAR STREET ALLENTOWN PA 18103	EXECUTIVE COMMITTEE 2.00	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<b>X</b>
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b></span>		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b></span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b></span>		
<b>40a</b> 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> 501(c)(3) and (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,' complete Schedule L, Part I		<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ _____</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ _____</span>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed ▶ _____		

**42a** The books are in care of ▶ ASSN OF PROGRAM DIR IN SURGERY Telephone no ▶ (301) 320-1200  
 Located at ▶ 6400 GOLDSBORO RD. STE 450, BETHESDA MD ZIP + 4 ▶ 20817

**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 ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		<b>X</b>
<b>42c</b>		<b>X</b>

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?  
 If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** \_\_\_\_\_

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		<b>X</b>
<b>45</b>		<b>X</b>

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		<b>X</b>
<b>47</b>		<b>X</b>
<b>48</b>		<b>X</b>
<b>49a</b>		<b>X</b>
<b>49b</b>		

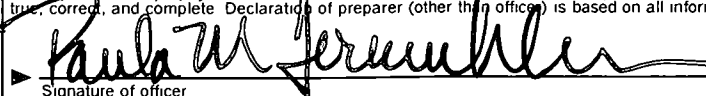
**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
ASSOC. OF GOVT. RELATIONS MGMT, INC. 6400 GOLDSBORO RD. STE. 450, BETHESDA, MD 20817	MANAGEMENT SERVICES	121,180.
Total number of other independent contractors receiving over \$100,000		

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

05/14/10

Date

PAULA M. TERMUHLLEN, M.D.

TREASURER

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature



Date

05/13/10

Check if self-employed ☒

Preparer's Identifying Number (See instructions)

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

ADVANTAGE BUSINESS SOLUTIONS

9520 PADGETT ST. STE 214

SAN DIEGO

CA 92126

EIN

Phone no (858) 577-0041

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

☐ Yes ☐ No

BAA

Form 990-EZ (2008)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

**ASSOCIATION OF PROGRAM DIRECTORS IN SURGERY**

Employer identification number

**23-2513181**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III— Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

**h Provide the following information about the organizations the organization supports**

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-3.						
<b>5</b> 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).						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10.						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the 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>b 33-1/3 support test – 2007.</b> 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"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> 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>b 10%-facts-and-circumstances test – 2007.</b> 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"/>		
<b>18 Private foundation.</b> 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

**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 yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	155,627.	152,250.	138,020.	178,026.	188,705.	812,628.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	316,183.	251,718.	351,604.	323,587.	363,979.	1,607,071.
<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 Total.</b> Add lines 1-5	471,810.	403,968.	489,624.	501,613.	552,684.	2,419,699.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.		0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.		0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.		0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,419,699.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	471,810.	403,968.	489,624.	501,613.	552,684.	2,419,699.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,601.	15,438.	16,674.	11,834.	13,605.	68,152.
<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	10,601.	15,438.	16,674.	11,834.	13,605.	68,152.
<b>11</b> Net income from unrelated business activities not included on 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 Total support.</b> (add lns 9, 10c, 11, and 12.)						2,487,851.
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.26 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	97.29 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.74 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	2.71 %

- 19a 33-1/3 support tests — 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒
- b 33-1/3 support tests — 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**Form 990-EZ  
Part II**

**Other Assets and Liabilities**

**2008**

Name as Shown on Return

**ASSOCIATION OF PROGRAM DIRECTORS IN SURGERY**

Employer Identification No

**23-2513181**

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<b>Totals to Form 990-EZ, Part II, line 24</b>		

<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<b>ASE PAYABLE</b>	<b>112,760.</b>	<b>72,294.</b>
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>112,760.</b>	<b>72,294.</b>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<b>CURRENT SURGERY SUBSCRIPTIONS</b>	<b>23,106.</b>
<b>JOURNAL</b>	<b>39,466.</b>
<b>JOURNAL HONORARIUMS</b>	<b>15,000.</b>
<b>WINTER MEETING</b>	<b>149,789.</b>
<b>BSC BOOK ROYALTY</b>	<b>17,836.</b>
<b>BOARD &amp; COMMITTEES</b>	<b>8,818.</b>
<b>OFFICE SUPPLIES</b>	<b>834.</b>
<b>TELEPHONE</b>	<b>4,667.</b>
<b>TRAVEL</b>	<b>447.</b>
<b>BANK FEES</b>	<b>1,171.</b>
<b>CREDIT CARD FEES</b>	<b>18,978.</b>
<b>INTERNET FEE</b>	<b>16,039.</b>
<b>MISCELLANEOUS</b>	<b>941.</b>

Total **297,092.**

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**Purpose of Payment **RESEARCH GRANT**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>RESEARCH</b>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>AMERICAN BOARD OF SURGEONS</b> 1617 JOHN F. KENNEDY BLVD., STE 860 PHILADELPHIA PA 19103	<b>CERTIFICATION</b>	<b>20,000.</b>

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
<b>NET UNREALIZED LOSSES ON INVESTMENTS</b>	<b>-95,779.</b>
Total	<b>-95,779.</b>