

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493137050210

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)

2008

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number C Name of organization B Check if applicable Please UNIVERSITY OF MARYLAND NEUROSURGERY use IRS Address change ASSOCIATES PA 52-2004514 label or E Telephone number Doing Business As print or Name change type. See Specific (410) 328-3483 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 5,093,612 22 S GREENE STREÈT No S12D -Termination tions. Amended return City or town, state or country, and ZIP + 4 BALTIMORE, MD 212011544 Application pending Name and address of Principal Officer H(a) Is this a group return for RICHARD C KOSMER IR ┌ Yes ┌ No affiliates? 22 S GREENE STREET S12D BALTIMORE, MD 21201 H(b) Are all affiliates included? Tax-exempt status (If "No." attach a list See instructions ) Group Exemption Number 🕨 Web site: ► WWW UPI UMARYLAND EDU H(c) K Type of organization ✓ Corporation ✓ trust ✓ association ✓ other ► L Year of Formation 1996 M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box [ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . . . . 0 Number of independent voting members of the governing body (Part VI, line 1b) . . . 9 5 Total number of employees (Part V, line 2a) . . . 0 6 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII. line 12. column (C). 7a Net unrelated business taxable income from Form 990-T, line 34 . 7b 0 b **Prior Year Current Year** O 8 Contributions and grants (Part VIII, line 1h) . 3 Program service revenue (Part VIII, line 2g) . 4,960,611 5,068,384 9 Revent 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 24,876 7,516 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,712 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 4,985,487 5.093.612 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 3,604,962 3,098,700 10) Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b (Total fundraising expenses, Part IX, column (D), line 25  $\frac{0}{2}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,180,126 1,981,734 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 4,785,088 5,080,434 19 Revenue less expenses Subtract line 18 from line 12 200.399 13.178 Assets or defined and the second seco **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 1,234,516 1,790,992 21 Total liabilities (Part X, line 26) 694,610 1,184,771 22 539,906 Net assets or fund balances Subtract line 21 from line 20 606,221 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 Please 2010-05-17 Sign Signature of officer Here RICHARD C KOSMER JR SECRETARY Type or print name and title Date Check if Preparer's PTIN (See Gen Inst ) Preparer's SHELDON J BERMAN CPA signature Paid empolyed 🕨 「 Preparer's Firm's name (or yours ROSEN SAPPERSTEIN & FRIEDLANDER CHRTD if self-employed), address, and ZIP + 4 **Use Only** 300 RED BROOK BOULEVARD SUITE 200 Phone no (410) 581-0800 OWINGS MILLS, MD 21117 May the IRS discuss this return with the preparer shown above? (See instructions) . 

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

1	Briefly describe the organizat	ion's mission				
See A	dditional Data Table					
2	Did the organization unde the prior Form 990 or 990		nt program sei		which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	ew services on Sch	edule O			
3	Did the organization ceas services?	e conducting or ma	ke sıgnıfıcant • • • •	changes in how it con-	ducts any program	「Yes ▽ No
	If "Yes," describe these c	hanges on Schedul	e O			
4		) organizations and	4947(a)(1) tı	rusts are required to re	largest program services l eport the amount of grants d	
4a	(Code	) (Expenses \$	4,061,879	including grants of \$	) (Revenue \$	5,068,384 )
		iction for medical stude	nts and other trai			the faculty in connection with their lthcare to the general public and,
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Expenses \$	· ·	dule O ) ding grants of	\$	) (Revenue \$	)
4e	Total program service e	xpenses \$	4,061,879	Must equal Part IX,	Line 25, column (B).	

Part IV	Check	dist of	Required	Schedules
	CIICCE	11136 01	NC dull Cd	Schodules

			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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	5		
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
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 ? If "Yes," complete Schedule F, Part $I$	14b		No
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>	15		Νο
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</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		. Information Returns. Enter -0- if not applicable					
			1a	8			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		ne organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
	_	ng (gambling) winnings to prize winners?	•		1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> ments filed for the calendar year ending with or within the year covered by this					
	return		2a	9			
ь	Ifatle	ı east one ıs reported ın 2a, dıd the organızatıon file all required federal employm	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	retui	rn.	2b	Yes	
3а		ne organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
		17	• •		3a		No
		s," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b		
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		int)?		, or other intelleral	4a		No
b	If"Vo	s," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.	-	-			
5a	Wast	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
	If "Ye	s," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a	t Entil	ty Regarding Prohibited			
Ī		nelter Transaction?	•	· · ·	5c		
6a	Did th	ne organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Ye	s," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
	were r	not tax deductible?			6b		
7	Organ	zations that may receive deductible contributions under section 170(c).					
а		ne organization provide goods or services in exchange for any quid pro quo conf	trıbut	ion of \$75 or	7a		Νo
				10	_ <b>.</b>		I
		s," did the organization notify the donor of the value of the goods or services pi			7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal propei		· ·	7c		No
d		s," indicate the number of Forms 8282 filed during the year	7d				
-	11 10	s, material number of forms of of med during the year.					
e		ne organization, during the year, receive any funds, directly or indirectly, to pay					
		rt contract?			7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g		l contributions of qualified intellectual property, did the organization file Form 8		•	7g		No
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	le a F	orm 1098-C as	76		N. a
0	•	red?		ction E00(a)/3)	7h		No
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	s business holdings at any time during the		, , ,	8		No
							<u> </u>
9		n 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а		ne organization make any taxable distributions under section 4966?			9a		No
b		ne organization make a distribution to a donor, donor advisor, or related person	?.		9b		No
10		n 501(c)(7) organizations. Enter		1			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ies					
11	Section	on 501(c)(12) organizations Enter					
а	Gross	income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources	116				
	agains	st amounts due or received from them)..........[	11b	l			
12a	Sectio	n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Ye	s," enter the amount of tax-exempt interest received or accrued during the	40.				
	year		12b	1			l

Section A. Governing Body and Management

other officer, director, trustee, or key employee?

No

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	:
b	Enter the number of voting members that are independent	1b	(
	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any

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? .
ļ	Did the organization make any significant changes to its organizational documents since the prior Form 990 was

filed?		-			
Did the organization become awa	are during the yea	r of a material diversior	n of the organization's assets?		

Joes the organization have members or stockholders?	
Does the organization have members, stockholders, or other persons who may elect one or more members of the	
governing body?	

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	:he
	year by the following	

	Did the organization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
-	the governing hody?

9	each committee with authority to act on behalf of the governing body?						
	Does the eventuation boys local chanters, hypnobas, or officiates?						

Ь	If "Yes," does the organization have written policies and procedures governing the activities of such	ch	apt	ers	5,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				

10	10 Was a copy of the Form 990 provided to the organization's governing body before it was	s filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Fo	rm 990

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

8a	Yes	
8b	Yes	
9a		Νo
9b		
10		Νo
11		Νο

Yes

Yes

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
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 MD
- Section 6104 requires an organization to make its Form 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. I another's website.
- 1.9 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Richard C Kosmer Jr MHA 22 S Greene Street Suite S-12-D Baltimore, MD 21201 (410) 328-3483

#### 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) and key employees 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, or 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 r	ot compens	ate any	offic	er, d	lirec	tor, tru	uste	or key employee		
		Posit t	(C tion ( hat a	chec		I				(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Howard M Eisenberg MD , president, chair and dir	60 00	Х		Х		Х		270,717	0	0
J Marc Simard MD PhD , treasurer and director	60 00	Х		Х		Х		203,395	0	0
E Francois Aldrich MB , vice president and direc	60 00	Х		Х		Х		232,971	0	0
Richard c Kosmer Jr , secretary, senior admini	60 00			Х		Х		73,828	0	0
Bızhan Aarabı MD , neurosurgeon	60 00					Х		217,649	0	0
William W Maggio MD , neurosurgeon	60 00					Х		192,793	0	0
Karl M Schmitt Jr MD , neurosurgeon	60 00					Х		225,673	0	0
Charles L Schnee MD , neurosurgeon	60 00					Х		203,134	0	0
curtis n nelson md ph , neurosurgeon	60 00					Х		213,425	0	0

## Part VII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustan or Tiractor	apply	y)	Highest compensated	Former	(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						<b>&gt;</b>	1,833,585	0	0

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
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	5		No

### **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

	<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Revenue		312,313,01311
\$ \$	ь	Membership dues					
≅≅		<b>1b</b>	_				
قۆق	С	Fundraising events					
Contributions, gifts, grants and other similar amounts	d	Related organizations1d					
<u>ಎ್ಕ್</u>							
왏	е	Government grants (contributions) <b>1e</b>					
a e E	f	All other contributions, gifts, grants, and similar amounts not included above					
훈통		1f					
草草	g	Noncash contributions included in					
ಶಹ		lines 1a-1f \$  Total (Add lines 1a-1f)					
	h	Total (Add lines 1a-11)	· · · · •				
a)			Business Code				
Ž	2a	Patient Care Services	621,110	5,068,384	5,068,384		
e, e	ь						
e H	С						
N.	d						
Ē	e						
E	f	All other program service revenue					
Program Serwce Revenue	-						
Š	g	Total. Add lines 2a-2f					
	3	► \$ 5,068,384	lands with a con-				
	]	Investment income (including divid	ľ	7,516	7,516		
		other similar amounts)	▶	.,510	,,510		
	4	Income from investment of tax-exempt bo	nd proceeds				
	5	Royalties					
		(ı) Real					
	6a	Gross Rents					
	ь	Less rental					
	с	expenses Rental income					
	_	or (loss)					
	d	Net rental income or (loss)	· · · · · ·				
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gaın or (loss)	•				
	8a	Gross income from fundraising	-				
	O.	events (not including					
ψ.		\$					
Ē		of contributions reported on line 1c) See Part IV, line 18					
ž		Attach Schedule G if total exceeds					
æ		\$15,000 a					
Other Revenue	ь	Less direct expensesb					
₹	С	Net income or (loss) from fundraisir	ng events				
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
		а					
	ь	Less direct expensesb					
	с	Net income or (loss) from gaming a	ctivities <b>►</b>				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		а					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of i					
		Miscellaneous Revenue	Business Code				
	11a	IRC 481(A) ADJUSTMENT	621,110	17,712	17,712		
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			\$ 17,712	<b>- 2</b>	<b>5.65</b>		_
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 8c,	, 4, 5, 6d, 7d,	5,093,612	5,093,612	0	0
	l	,	_				ı l

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	1,833,585	1,833,585		
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	565,957	396,170		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	229,620	160,734	68,886	
9	Other employee benefits	389,673	272,771	116,902	
10	Payroll taxes	79,865	55,906	23,959	
11	Fees for services (non-employees)				
а	Management				
b	Legal	25,780	18,046	7,734	
c	Accounting	33,476		33,476	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	50,425	35,298	15,127	
12	Advertising and promotion				
13	Office expenses	243,930		243,930	
14	Information technology	128,643	90,050	38,593	
15	Royalties				
16	Occupancy	20,643	14,450	6,193	
17 18	Payments of travel or entertainment expenses for any Federal,				
19	state or local public officials				
20	Interest				
21	Payments to affiliates	775,600	775,600		
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 )				
а	malpractice insurance	381,927	381,927		
	collection fees	137,917	,	137,917	
c	bad debts	116,646		116,646	
d	equipment rental and ma	33,142	23,199	9,943	
e	general and administrat	29,462		29,462	
	All other expenses	4,143	4,143		
25	Total functional expenses. Add lines 1 through 24f	5,080,434	4,061,879	1,018,555	0
26	Joint Costs. Check  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 Bala	nce	Sheet	

			(A) Beginning of year		(B End of		
	1	Cash—non-interest-bearing	71,475	1		333,278	
	2	Savings and temporary cash investments	798,354	2		436,885	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	336,684	4		543,112	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		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			
22	9	Prepaid expenses and deferred charges	28,003	9		28,697	
Assets	10a	Land, buildings, and equipment cost basis					
-4	ь	Less accumulated depreciation Complete Part VI of Schedule D		10c			
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of Schedule D .		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	0	15		449,020	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,234,516	16		1,790,992	
	17	Accounts payable and accrued expenses .	46,517	17		503,864	
	18	Grants payable		18			
	19	Deferred revenue	7,396	19			
	20	Tax-exempt bond liabilities		20			
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		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	640,697	25		680,907	
	26	Total liabilities. Add lines 17 through 25	694,610	26		1,184,771	
s es		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets	539,906	27		606,221	
8	28	Temporarily restricted net assets		28			
Fund	29	Permanently restricted net assets		29			
Ē		Organizations that do not follow SFAS 117, check here ► ┌ and complete					
5		lines 30 through 34.		_			
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	539,906	·			
	34	Total liabilities and net assets/fund balances	1,234,516	34		1,790,992	
Pa	rt XI	Financial Statements and Reporting					
		·			Yes	No	

B - 1 3/T	

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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	Yes	
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137050210

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Open to Public Inspection

	RSITY ( IATES F		NEUROSURGERY					52	-200451	4		
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganızatıo					
				ation because it is (Please								
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(	(A)(i).			
2	Γ	A school de	escribed in <b>Sect</b>	i <b>on 170(b)(1)(A)(ii).</b> (Attac	h Schedu	ıle E )						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	bed in <b>Sec</b>	t ion 170(Ł	o)(1)(A)(i	ii). (Attac	h Schedu	le H )	
4	Γ	A medical	research organı	zation operated in conjuncti	on with a l	hospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	굣	Anorganiz	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiz	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fror	n the gene	eral public	:
		described i	n Section 170(b	<b>))(1)(A)(vi)</b> (Complete Par	tII)							
8	Γ	A commun	ıty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	s, and gro	ss
		receipts fro	om activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	y the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10		An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	<b>(a)(4).</b> (S	ee instruc	tions )	
11	Γ	one or more	e publicly suppo it describes the	and operated exclusively foorted organizations describe type of supporting organizary Type II c	d in section	on 509(a) omplete li	(1) or sec	tıon 509(a hrough 11	a)(2) See	Section 5		.Check
e	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (	described	ın sectior	n 509(a)(	1) or
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zation,
g		following pe	ust 17, 2006, h ersons?	as the organization accepted								
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)	_	Yes	No
				ng body of the the supported	_	tion?				11g		
		. ,	•	erson described in (i) above						11g(		
_				ty of a person described in (						11g(	(iii)	<u> </u>
h		Provide the	e following inforr	nation about the organizatio	ns the org	janization	supports					
	/:\ NI -	ame of	(ii) EIN	/iii) Type of organization	/in/\T	s the	/w Did v	ou notify	/wi\ 1	s the	/uii\ A n	nount of
		orted	(II) EIN	(iii) Type of organization (described on lines 1-9		ation in	the orga	•		ation in	supp	
(		nızatıon		above or IRC section	col (i)	listed in	ın col <b>(i</b>	) of your	col (i) c	rganızed	''	
				(See Instructions))	yourgo		supp	ort?	ın the	US?		
						ment?	V		V	l N-	1	
					Yes	No	Yes	No	Yes	No		
										<del>                                     </del>		
										<del>                                     </del>		
										<del> </del>		
										-		
			I	1		ı	1	ı	ı	1	1	

Total

## Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	<u>n lıne 5, 7, or</u>	8 of Part I.)				
P	ublic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20						20
2	Tax revenues levied for the organization's							
-	benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge	20						20
4	Total. Add line 1-3	20						20
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							20
	4							
	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
7	Amounts from line 4	20	24,861					20
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar	12,045	24,861	14,739	24,876		7,516	84,037
9	sources Net income from unrelated business							
9	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in Part IV )							
11	Total Support (Add lines 7 through 10)							84,057
12	Gross receipts from related activities, etc	(See instruction	s)			12		21,887,241
13	<b>First Five Years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>	organızatıon's fır	st, second, thir	d, fourth, or fifth	tax year as a 5	01(c)	[3)	▶□
	omputation of Public Support Perc			(0)		ı		
14	Public Support Percentage for 2008 (line 6		-	olumn (t))		14		0.020 %
15	Public Support Percentage for 2007 Sched	ule A, Part IV-A	, line 26f			15		
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as	a publicly supp	orted organizáti	ion				<b>▶</b> ┌
b	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% o	r more	, check th	
17-	box and stop here. The organization qualification for the stop in				2 162 or 164.	and lan	0 14 10 16	<b>▶</b> □
1/a	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							•F
ь	10% Facts and Circumstances Test - 2007.							. ,
	more, and if the organization meets the "fac	cts and circumst	ances" test, ch	eck this box and	stop here. Exp	laın ın	Part IV h	ow
	the organization meets the "facts and circu							· ► □
18	<b>Private Foundation.</b> If the organization did	not check the bo	ox on line 13, 16	5a, 16b, 17a or	17b, check this	box a	nd see	<b>▶</b> ▽
	ınstructions							F- -

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

0000

SCHEDULE D
(Form 990)

**Supplemental Financial Statements** 

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization UNIVERSITY OF MARYLAND NEUROSURGERY ASSOCIATES PA 52-2004514 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

following amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

**►** \$

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	-	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	$\Gamma$	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings  Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	( <b>d</b> ) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	( <b>d</b> ) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment  Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment  Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descri	ption		(b) Book value
other receivables			446,911
employee advances			2,109
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		449,020
Part X Other Liabilities. See Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
department development fund	412,982		
other liabilities	245,206		
medical services plan trust	22,719		
		-	
		-	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	680,907	-	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,093,612
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,080,434
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,178
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	53,137
9	Total adjustments (net) Add lines 4 - 8	9	53,137
10		10	66,315
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XIII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial	e per ketur	5,075,900
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	(
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	5,075,900
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
b	Other (Describe in Part XIV) 4b 17,7	12	
c	Add lines <b>4a</b> and <b>4b</b>	. 4c	17,712
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)		5,093,612
	Reconciliation of Expenses per Audited Financial Statements With Expenses	ses per Ret	
1	Total expenses and losses per audited financial statements	·   1	5,080,434
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	_	
b	Prior year adjustments	_	
c	Losses reported on Form 990, Part IX, line 25	_	
d	Other (Describe in Part XIV)	_	
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	
3	Subtract line 2e from line 1	3	5,080,434
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
Ь	Other (Describe in Part XIV)	$ \mid$ $\mid$	
с _	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	5,080,434

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		NET UNRECOGNIZED IRC 481(A) ADJUSTMENT 53137
Part XII, Line 4b - Other Adjustments		IRC 481(A) ADJUSTMENT 17712

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137050210

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

## **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public . Inspection

	VERSITY OF MARYLAND NEUROSURGERY			• •			
	OCIATES PA			52-2004514			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First class or charter travel	$\sqcap$	Housing allowance or residence for	personal use			
	Travel for companions	$\sqcap$	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiati				
	Discretionary spending account	Г	Personal services (e g , maid, chauf	feur, chef)			
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,			nent or	1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee	appl آ	y Written employment contract				
	Independent compensation consultant	V	' '				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Pa	rt V I	I, Section A, line 1a				
а	Receive a severance payment or change of control pay	men	t?		4a		No
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov			ı Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	olete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of			ıy			
а	The organization?				5a	Yes	
ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue ai	ıy			
а	The organization?				6a	Yes	
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6° If "Yes," des			-fixed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R	dora	accured pursuant to a contract that w				

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

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	ISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Howard M Eisenberg MD	(ı) (ıı)						270,717	482,766
J Marc Simard MD PhD	(I) (II)						203,395	325,749
E Francois Aldrich MB ChB	(I) (II)						232,971	434,430
Bizhan A arabi MD	(ı) (ıı)						217,649	339,634
William W Maggio MD	(1) (11)						192,793	321,504
Karl M Schmitt Jr MD	(ı) (ıı)						225,673	334,490
Charles L Schnee MD	(ı) (ıı)						203,134	323,338
curtis n nelson md phd	(ı) (ıı)						213,425	
	(i)							
	(ii)							1
	(i)				1	1		l l
	(ii)						1	l l
	(i)		1	_	+		1	1
	(ii)		1		+	+	+	! 
	(i) (ii)	ļ			+	+	+	! 
	((11)	· 1	<u> </u>		<u></u>	1	<u>1</u> 1	· .

## Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 5	THE ORGANIZATION HAS VARIABLE COMPENSATION ARRANGEMENTS WHICH TAKE INTO CONSIDERATION REVENUES, NET EARNINGS, AND OTHER OPERATIONAL TARGETS, SOME OF WHICH ARE POSITION SPECIFIC AND OTHERS ARE ORGANIZATION WIDE
	Part I, Line 6	THE ORGANIZATION HAS VARIABLE COMPENSATION ARRANGEMENTS WHICH TAKE INTO CONSIDERATION REVENUES, NET EARNINGS, AND OTHER OPERATIONAL TARGETS, SOME OF WHICH ARE POSITION SPECIFIC AND OTHERS ARE ORGANIZATION WIDE
	Part I, Line 7	THE ORGANIZATION HAS VARIABLE COMPENSATION ARRANGEMENTS WHICH TAKE INTO CONSIDERATION REVENUES, NET EARNINGS, AND OTHER OPERATIONAL TARGETS, SOME OF WHICH ARE POSITION SPECIFIC AND OTHERS ARE ORGANIZATION WIDE
-		

## 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.

2008

Open to Public
Inspection

Name of the organization UNIVERSITY OF MARYLAND NEUROSURGERY ASSOCIATES PA Employer identification number

52-2004514

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE ENTITY IS A MARY LAND CORPORATION WHOSE STOCKHOLDERS ARE PHYSICIANS AND MEMBERS OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		during the current fiscal year, there have been no changes in the manner in which the governing body is elected

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE ENTITY RECEIVES A COPY OF THE 990 AND a representative of THE GOVERNING BODY APPROVES IT BEFORE SIGNING THE ELECTRONIC FILING AUTHORIZATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		As part of their employment by the University Physicians, Inc. (UPI) and the faculty practices of the University of Maryland (PAs), employees and faculty are required to follow the Medical Service Plan. MSP Policy #37 lists the requirements of Compliance and Good Business Practices. As part of the MSP Policy #37, UPI also maintains a Corporate Compliance Plan, which details expectations around conflict of interest situations and billing responsibilities. UPI relies on the good faith of its employees in the exercise of their responsibilities. All business judgments on behalf of UPI should be made by its employees on the basis of such trust and in UPI's best interests. UPI fully respects the rights of employees to privacy in their personal affairs and financial activities. The purpose of this policy is to provide guidance to employees in avoiding situations in their personal activities which are, or appear to be, in conflict with their responsibilities to UPI. Although it is impractical to attempt to define every situation which might be considered a conflict of interest, generally speaking, a conflict exists when an employee's personal interests or activities may influence his or her judgment in the performance of his or her duty to UPI. There may be cases where such conflicts are more theoretical than real, but employees should be concerned about possible conflicts and review and disclose this situation in light of the following guidelines. A major focus of the Corporate Compliance Plan is currently on coding, billing, and documentation compliance and ensuring that regulations are being followed. However, compliance goes beyond avoiding penalties. Our total corporate compliance plan includes a full range of issues, including. Employment Contracts. Conflicts of Interest. Patient Confidentiality. Records Retention. Contracts and Business Relationships (including Professional Service Agreements). Waivers of Copayments, Coinsurance and Deductibles, and more. While the Compliance Coffice will inquiries, no education

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		Compensation for each PA President and officer is reviewed annually by the Dean of the School of Medicine, who is also the President of UPI. The compensation discussion includes a review of both base and variable compensation components compared to relevant benchmarks. These two components reflect the Total Approved Salary (TAS). AAMC Report on Medical School Faculty Salaries 2007-2008 issued by the American Association of Medical Colleges provides compensation guidelines in the 25 percentile, 50th percentile and 75th percentile as benchmarks. The Dean generally sets the total compensation target in the range of the 75th percentile. Once the TAS is approved by the Dean, it is then sent to the UMB campus President for final approval. The variable or bonus component of compensation for clinical activities is managed through a school-wide performance based incentive compensation (PBIC) plan. Bonus payments are also approved by the President of UMB before distribution.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
form 990 part xı line 2c		The process for selecting the auditors has not changed from the preceding year

DLN: 93493137050210

## SCHEDULE R (Form 990)

Name of the organization

## **Related Organizations and Unrelated Partnerships**

2008

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 

INIVERSITY OF MARYLAND NEUROSURGERY ASSOCIATES PA								52-2004514				
Part I Identification of Disregarded Entities												
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity		(C) Legal domicile (state or foreign country)		<b>(D)</b> Total income		(E) End-of-year assets		<b>(F)</b> rect controlling entity			
Part II Identification of Related Tax-Exempt Organiza	itions		T				<b>.</b>					
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity		(C) Legal domicile (sta or foreign country	ate y)	( <b>D</b> ) Exempt Code sec		<b>(E)</b> Public charity st (if section 501(c	atus )(3))	<b>(F)</b> Direct controlling entity			
UNIVERSITY PHYSICIANS INC  250 W PRATT STREET SUITE 901 baltimore, MD21201 52-1295563	COORDINATION AND IMPLEMENTATION OF A MEDICAL SERVICE PLAN		MD		501(C)(3)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.			Cat No 5013	35Y					Schedule R (Form 990) 2008			

(A) Name, address, and EIN of related organization		( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	( <b>J)</b> General of managin partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

	The state of the s					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more	a related organizations listed in Parts II-IV	7			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	Sharing of paid employees			1n	Yes	
0	Reimbursement paid to other organization for expenses			10	Yes	
p	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
					•	
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple		and transaction thresholds			
	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved			
(1)	UNIVERSITY PHYSICIANS INC	0		2,	305,39	)1
(2)						

	Name of other organization(s)	type(a-r)	Amount Involved
(1)	UNIVERSITY PHYSICIANS INC	o	2,305,391
(2)			
(3)			
(4)			
(5)			
(6)			

## Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	(B) Legal domici tity Primary activity (state or fore country)		(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

## **Application for Change in Accounting Method**

Department of the Treasury Internal Revenue Service			
Name of filer (name of parent corporation if a consolidated group) (see instruction	ons)	Identification number (see instructions)	
		52-2004514	
	İ	Principal business activity code number (see instructions	s)
UNIVERSITY OF MARYLAND NEUROSURGERY ASSO	OCIATES, P.A.	621110	
Number, street, and room or suite no. If a P.O. box, see the instructions		Tax year of change begins (MM/DD/YYYY) 7 / 01 / 2008	3
22 S. GREENE STREET S12D		Tax year of change ends (MM/DD/YYYY) 06/30/2009	9
City or town, state, and ZIP code		Name of contact person (see instructions)	
BALTIMORE, MD 21201		RICHARD C. KOSMER, JR.	
Name of applicant(s) (if different than filer) and identification number(s) (see ins	tructions)	Contact person's telephor	ne number
		410-328-3483	3
If the applicant is a member of a consolidated group, check the	nis box		
If Form 2848, Power of Attorney and Declaration of Represe	•		
required), check this box	· · · · · · · · · · · · · · · · · · ·		
Check the box to indicate the type of applicant.		Check the appropriate box to indicate the	• •
Individual Cooperativ	e (Sec 1381)	of accounting method change being requ	ested.
Corporation Partnership	)	(see instructions)	
Controlled foreign corporation S Corporat		Depreciation or Amortization	
	Co (Sec 816(a))	Financial Products and/or Financial Ac	ctivities of
	Co (Sec 831)	Financial Institutions	
Qualified personal service Other (spec	cify) ▶	X Other (specify) ► CHANGE FROM	
corporation (Sec 448(d)(2))		BASIS TO THE ACCRUAL BASI	[S
X Exempt organization Enter Code section ► 501 (C)			
Caution: To be eligible for approval of the requested change in method or to the taxpayer's requested change in method of accounting. This	of accounting, the taxpa	yer must provide all information that is relevant to requested on this Form 3115 (including its inst	the taxpayer
well as any other information that is not specifically requested			. 20.10.10//
The taxpayer must attach all applicable supplemental statement	s requested throughout	this form.	
Part I Information For Automatic Change Request			N/   NI
1 Enter the applicable designated automatic accounting me			
only one designated automatic accounting method change			
IRS If the requested change has no designated automatic both a description of the change and citation of the IRS gu			
· ( )		CRUAL METHOD (SECTION 448)	
2 Do any of the scope limitations described in section 4			V
unavailable for the applicant's requested change? If "Yes,"  Note: Complete Part II below and then Part IV, and also School			X
Part   Information For All Requests	aules A tillough L or t	піз топтції арріїсаріе)	Vac Na
	do or business to	which the requested shapes relates or	Yes No
3 Did or will the applicant cease to engage in the tra	de or business to	which the requested change relates, of	
terminate its existence, in the tax year of change (see instr If "Yes," the applicant is not eligible to make the change i	ructions) (	go request procedures	X
4a Does the applicant (or any present or former consolidation)			
applicable tax year(s)) have any Federal income tax return(			.
If "No," go to line 5	(3) under examination	r (see matructions).	X
<b>b</b> is the method of accounting the applicant is requesting	to change an issue	e (with respect to either the applicant or	ŀ
any present or former consolidated group in which the			
either (i) under consideration or (ii) placed in suspense (see			x
	ee instructions)		
Under penalties of perjury, I declare that I have examined this application, incl the application contains all the relevant facts relating to the application, and if		dules and statements, and to the best of my knowledge	e and belief,
the application contains all the relevant facts relating to the application, and information of which preparer has any knowledge	t is true, correct, and com		based on all
Filer		Preparer (other than filer/applicant)	
Signature and date	S	ignature of individual preparing the application and d	ate
•	_		
	SHELDON	J. BERMAN, CPA	
Name and title (print or type)		me of individual preparing the application (print or type	oe)
	ROSEN. SA	APPERSTEIN & FRIEDLANDER, CHA	ARTERED

<b>4</b> c	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the		
70	applicant or any present or former consolidated group in which the applicant was a member during the applicable		
	tax year(s)) for any tax year under examination (see instructions)?		X
d	Is the request to change the method of accounting being filed under the procedures requiring that the operating		
	division director consent to the filing of the request (see instructions)?		Χ
	If "Yes," attach the consent statement from the director		
е	is the request to change the method of accounting being filed under the 90-day or 120-day window period?		X
	If "Yes," check the box for the applicable window period and attach the required statement (see instructions)		
	90 day 120 day Date examination ended ▶		
f	If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		
	year(s) under examination		
	Name ▶ Telephone number ▶ Tax year(s) ▶		
_	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		
5 a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the		37
	applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		<u>X</u>
	If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government,		
	telephone number, and the tax year(s) before Appeals and/or a Federal court		
	Name ► Telephone number ► Tax year(s) ►		
b	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified		
_	on line 5a?		
C	a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a		
	member for the tax year(s) the applicant was a member) (see instructions)?		
	If "Yes," attach an explanation		
6	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group,		
•	attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address,		
	and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office,		
	and/or before a Federal court		
7	If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as		
	a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under		
	consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax	-	
	return of a partner, member, or shareholder of that entity?		
	If "Yes," the applicant is <b>not</b> eligible to make the change.		
8a	Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		X
h	If "Yes," attach an explanation		
	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change		
	procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years		
	(including the year of the requested change)?		Х
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting		
	(including the tax year of change) and state whether the applicant received consent		
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
	signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach		
	an explanation		
I0a	Does the applicant, its predecessor, or a related party currently have pending any request (including any		
	concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
b	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the		
	type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s)		
	in the request(s)	X	
11	Is the applicant requesting to change its <b>overall</b> method of accounting?	^	
	accounting Also, complete Schedule A on page 4 of this form		
	Present method: X Cash Accrual Hybrid (attach description)		
	Proposed method: Cash X Accrual Hybrid (attach description)		
	• • • • • • • • • • • • • • • • • • • •		

the amount of the section 481(a) adjustment attributable to each applicant

Form	3115 (Rev 12-2009)		F	Page 4
Par	t IV Section 481(a) Adjustment (continued)		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to	o take the		
	entire amount of the adjustment into account in the year of change?			Х
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated	d group, a		
	consolidated group, a controlled group, or other related parties?			Х
	If "Yes," attach an explanation			
	edule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be co	ompleted)		
Pai		Name II Alaa		
7	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "I	None Also	, attat	л а
	statement providing a breakdown of the amounts entered on lines 1a through 1g			
	<u> </u>	Amo		
а	Income accrued but not received (such as accounts receivable)	\$ 437	,583	.00
b	Income received or reported before it was earned (such as advanced payments) Attach a description of			
	the income and the legal basis for the proposed method		701	
С	Expenses accrued but not paid (such as accounts payable)	-366	,/34	.00
d	Prepaid expenses previously deducted			
е	Supplies on hand previously deducted and/or not previously reported			
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II			
g	Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the			
	calculation of the section 481(a) adjustment ▶			
h	Net section 481(a) adjustment (Combine lines 1a-1g) Indicate whether the adjustment is an increase (+)			
	or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV			

Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

Is the applicant also requesting the recurring item exception under section 461(h)(3)?

## Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information

line 25

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations

### Schedule B - Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Rev Proc 2004-34, 2004-1 C B 991, attach the following information:
  - a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34
- **b** If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 8 02(3)(a)-(c) of Rev Proc 2004-34
- c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 8 03(2)(a)-(f) of Rev Proc 2004-34
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5(b)(1)(ii), attach the following
  - a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)
- **b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)
- d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

70,849.00

X

Yes

Form 3115 (Rev 12-2009) Page **5** 

#### Schedule C - Changes Within the LIFO Inventory Method (see instructions)

#### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items.
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

### Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
  - a A description of the types of products produced by the applicant If possible, attach a brochure
- b A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer State whether separate cost centers are maintained and if separate profit and loss statements are prepared
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3)
- If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Form 3115 (Rev 12-2009)

Form 3115 (Rev\_12-2009) Page **6** 

Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

D	rt I Change in Reporting Income From Long-Term Contracts (Also comp	ete Part III on	pages 7 and 8	\
_				···
1	To the extent not already provided, attach a description of the applicant's preser			
	and expenses from long-term contracts. Also, attach a representative actual con	•	- ,	•
_	change If the applicant is a construction contractor, attach a detailed description		1.	
	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see	-	~	Yes No
ľ	o If "Yes," do all the contracts qualify for the exception under section 460(e) (see nstr	uctions)?	L	YesNo
	If line 2b is "No," attach an explanation			
C	: If line 2b is "Yes," is the applicant requesting to use the percentage-of-complet		_	
	cost under Regulations section 1 460-4(b)?		_	YesNo
C	I If line 2c is "No," is the applicant requesting to use the exempt-contract			
	method under Regulations section 1 460-4(c)(2)?			YesNo
	If line 2d is "Yes," attach an explanation of what cost comparison the applicant	: will use to de	etermine a	
	contract's completion factor			
	If line 2d is "No," attach an explanation of what method the applicant is using and	-		
	Does the applicant have long-term manufacturing contracts as defined in section 46			Yes [No
t	o If "Yes," attach an explanation of the applicant's present and proposed method(s	s) of accounting	g for long-	
	term manufacturing contracts			
C	Attach a description of the applicant's manufacturing activities, including any requir	ed installation o	of manufactured	goods
4	To determine a contract's completion factor using the percentage-of-completion me		_	
а	Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)?		L	Yes No
b	If line 4a is "No," is the applicant electing the simplified cost-to-cost method (se			
	Regulations section 1 460-5(c))?		L	YesNo
5	Attach a statement indicating whether any of the applicant's contracts are e	ither cost-plus	long-term	
	contracts or Federal long-term contracts			
Pa	rt II Change in Valuing Inventories Including Cost Allocation Changes (Al	so complete P	art III on pages	s 7 and 8.)
1	Attach a description of the inventory goods being changed			
2	Attach a description of the inventory goods (if any) NOT being changed		F	
	Is the applicant subject to section 263A? If "No," go to line 4a			Yes [No
b	Is the applicant's present inventory valuation method in compliance with section	263A (see in:	structions)?	
	If "No," attach a detailed explanation			Yes No
		Inventory B	eing Changed	Inventory Not
4 a	Check the appropriate boxes below		Т	Being Changed
	Identification methods.	Present method	Proposed method	Present method
	Specific identification			
	FIFO			
	LIFO			
	Other (attach explanation)			
	Valuation methods			
	Cost			
	Cost or market, whichever is lower			
	Retail cost			
	Retail, lower of cost or market			
	Other (attach explanation)			
b	Enter the value at the end of the tax year preceding the year of change			
5	If the applicant is changing from the LIFO inventory method to a non-LIFO m	ethod, attach	the following i	nformation (see
	instructions)			
	Copies of Form(s) 970 filed to adopt or expand the use of the method			
b				
	Only for applicants requesting advance consent. A statement describing whet			to the method
	required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposi	ng a different m	ethod	
С		ng a different m	ethod	

Form 3115 (Rev. 12-2009) Page **7** 

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

#### Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the US ratio, or other reasonable allocation method)

#### Section B - Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material	r room (notified	Troposed method
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		,
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities		
	placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18			
	expenses)		
19			
20	Tools and equipment	· · · · · · · · · · · · · · · · · · ·	
21	Quality control and inspection		
22			·
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs)		

Form **3115** (Rev 12-2009)

Page 8 Form 3115 (Rev 12-2009) Part III Method of Cost Allocation (see instructions) (continued) Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs ) Present method Research and experimental expenses not included in Section B, line 26 Bidding expenses not included in Section B, line 22 General and administrative costs not included in Section B 4 Income taxes 5 Cost of strikes 6 7 Section 179 costs 8 On-site storage 9 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11 10 11 Schedule E - Change in Depreciation or Amortization (see instructions) Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section Applicants *must* provide this information for each item or class of property for which a change is requested Note. See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400l, 1400L, or former section 168 Do not file Form 3115 with respect to certain late elections and election revocations (see instructions) Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(ii) 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?..... If "Yes," enter the applicable section ▶\_\_\_\_\_ Has a depreciation, amortization, or expense election been made for the property (e.g., the election under 3 sections 168(f)(1), 179, or 179C)? If "Yes," state the election made ▶

4 a To the extent not already provided, attach a statement describing the property being changed Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity b If the property is residential rental property, did the applicant live in the property before renting it? Is the property public utility property? Yes Nο To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.) proposed change to depreciate or amortize the property If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)) The applicable asset class from Rev Proc 87-56, 1987-2 CB 674, for each asset depreciated under section 168 (MACRS) or

- If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the

- under section 1400L, the applicable asset class from Rev. Proc 83-35, 1983-1 CB 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
- c The facts to support the asset class for the proposed method
- d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))
- The useful life, recovery period, or amortization period of the property
- The applicable convention of the property
- g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed

Form 3115 (Rev 12-2009)

# UNIVERSITY OF MARYLAND NEUROSURGERY ASSOCIATES, P.A. EIN 52-2004514 TAX YEAR ENDED JUNE 30, 2009 ATTACHMENT TO FORM 3115

The Company reports its annual audited financial statements on the accrual basis of accounting, and as such is required to report its 990 on the accrual basis of accounting. The Company is changing from the cash basis of accounting to the accrual basis of accounting beginning with the fiscal year ended June 30, 2009.

There was a difference of \$70,849 between the accrual basis fund balance and the cash basis fund balance as of July 1, 2008, the date of the change.

The following is a summary of the difference between the accrual and cash basis of accounting as of July 1, 2008:

Accounts receivable	\$ 438,583
Accounts payable and accrued expenses	366,734

Total <u>\$ 70,849</u>

# UNIVERSITY OF MARYLAND NEUROSURGERY ASSOCIATES, P.A. STATEMENTS OF FINANCIAL POSITION JUNE 30, 2009 AND 2008

		2009		2009		2008
ASSETS						
CURRENT ASSETS Cash and cash equivalents (Note 1) Patient accounts receivable - net (Notes 1 and 2) Contract and other receivables Prepaid expense and other current assets	\$	230,257 543,112 449,020 28,697	\$	329,923 453,655 320,612 28,003		
TOTAL CURRENT ASSETS		1,251,086		1,132,193		
ASSETS LIMITED AS TO USE (NOTES 1 AND 3)		539,906		539,906		
TOTAL ASSETS	\$	1,790,992	<u>\$</u>	1,672,099		
LIABILITIES AND NET ASSETS CURRENT LIABILITIES						
Medical Service Plan distributions payable (Note 1)  Medical Service Plan Trust Fund  Medical School Enrichment Fund  Departmental Development Fund  Incentive Practice Income	\$	22,719 74,976 412,982 276,247	\$	28,803 97,093 341,231 270,664		
TOTAL MEDICAL SERVICE PLAN DISTRIBUTIONS PAYABLE		786,924		737,791		
Accounts payable and accrued expenses		397,847		323,553		
TOTAL CURRENT LIABILITIES		1,184,771		1,061,344		
COMMITMENTS AND CONTINGENCIES (NOTES 5 AND 9)		-		-		
UNRESTRICTED NET ASSETS (NOTE 4)		606,221		610,755		
TOTAL LIABILITIES AND NET ASSETS	\$	1,790,992	\$	1,672,099		

# UNIVERSITY OF MARYLAND NEUROSURGERY ASSOCIATES, P.A. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

		2009	2008
UNRESTRICTED REVENUE  Net patient service revenue Investment income Other income	\$	4,892,988 7,516 175,396	\$ 4,799,498 24,876 173,997
TOTAL UNRESTRICTED REVENUE		5,075,900	 4,998,371
COST OF PRACTICE EXPENSES  Human resources Physical resources General and administrative Provision for bad debts (Notes 1 and 2)		3,159,269 23,861 1,035,915 116,646	3,270,718 24,895 706,836 312,478
TOTAL COST OF PRACTICE EXPENSES		4,335,691	 4,314,927
UNRESTRICTED INCOME BEFORE ASSESSMENTS		740,209	 683,444
ASSESSMENTS (NOTE 1)  Medical Service Plan Trust Fund  Medical School Enrichment Fund  Departmental Development Fund		85,357 284,525 374,861	96,350 321,168 631,484
TOTAL ASSESSMENTS		744,743	 1,049,002
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS		(4,534)	(365,558)
UNRESTRICTED NET ASSETS - BEGINNING OF YEAR		610,755	 976,313
UNRESTRICTED NET ASSETS - END OF YEAR	\$_	606,221	\$ 610,755

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-2004514

Name: UNIVERSITY OF MARYLAND NEUROSURGERY

**ASSOCIATES PA** 

## Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Under the Medical Service Plan of the University of Maryland, School of Medicine, medical services are rendered by members of the faculty in connection with their duties to provide clinical instruction for medical students and other trainees (including post-graduate students) and to deliver healthcare to the general public and, without charge, to the indigent on behalf of the School of Medicine.

### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Under the Medical Service Plan of the University of Maryland, School of Medicine, medical services are rendered by members of the faculty in connection with their duties to provide clinical instruction for medical students and other trainees (including post-graduate students) and to deliver healthcare to the general public and, without charge, to the indigent on behalf of the School of Medicine.