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Form **990-EZ**Department of the Treasury,  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

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

- ▶ Sponsoring organizations of color or advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

<b>A</b> For the 2009 calendar year, or tax year beginning 2009, and ending		<b>D</b> Employer identification number 38-3061851	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Central Surgical Association Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5810 W 140th Terr City or town, state, country, and ZIP + 4 Overland Park KS 66223	<b>E</b> Telephone number (913) 685-0240	
		<b>F</b> Group Exemption Number	
		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	

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

**I** Website ▶ N/A

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 6 ) (insert number) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 193,548.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)		
1	Contributions, gifts, grants, and similar amounts received	26,096.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	165,815.
4	Investment income	1,637.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ of contributions reported on line 1)	
6b	Less: direct expenses other than fundraising expenses	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe ▶)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	193,548.
10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	2,000.
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	8,745.
14	Occupancy, rent, utilities, and maintenance	458.
15	Printing, publications, postage, and shipping	17,632.
16	Other expenses (describe ▶ See Other Expenses Statement)	146,326.
17	<b>Total expenses.</b> Add lines 10 through 16	175,161.
18	Excess or (deficit) for the year (Subtract line 17 from line 9) SEP 26 2011	18,387.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) IKC	144,539.
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	9,500.
21	Net assets or fund balances at end of year. Combine lines 18 through 20.	172,426.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	144,539.	154,951.
23	Land and buildings	0.	0.
24	Other assets (describe ▶ See L-24 Stmt)	0.	19,350.
25	<b>Total assets</b>	144,539.	174,301.
26	<b>Total liabilities</b> (describe ▶ See L-26 Stmt)	0.	1,875.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	144,539.	172,426.

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

Form 990-EZ (2009)

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on Lines 2, 6a, and 7, (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 1,000.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part I, and enter the total amount involved. <b>38b</b>		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. <b>39a</b>		
b Gross receipts included on line 9, for public use of club facilities. <b>39b</b>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> section 4912 <b>40a</b> section 4955 <b>40a</b>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. <b>40b</b>		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <b>40c</b>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <b>40d</b>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. <b>40e</b>		X
41 List the states with which a copy of this return is filed. <b>41</b>		

42a The organization's books are in care of **Nonie Lowry** Telephone no. **(913) 402-7102**  
 Located at **5810 W 140th Ter** **Overland Park** **KS** ZIP + 4 **66223**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. <b>42b</b>		X

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

	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. <b>42c</b>		X

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

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. <b>44</b>		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(c)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. <b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

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

	Yes	No
46		X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part I

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

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization a Section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

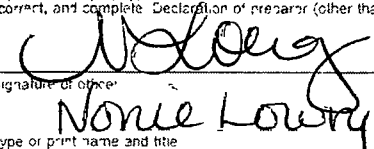
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenses account and other allowances
none				

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.	
	Signature of officer  Nonie Lowry Type or print name and title	Date 5/4/10
Paid Preparer's Use Only	Preparer's signature Janet Houchen, CPA Date 05/04/10	Check if sole preparer <input checked="" type="checkbox"/> Preparer's identifying number (See instructions) 051000000
	Firm's name (or yours if self-employed), address and ZIP + 4 MERIDIAN BUSINESS SERVICES PO Box 1125 Louisburg KS 66053	Phone no. (913) 837-4230

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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BAA

Form 990-EZ (2009)

Form 990-EZ  
Part II

Other Assets and Liabilities

2009

Name as Shown on Return  
Central Surgical Association

Employer Identification No  
38-3061851

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Expenses		19,350.
Totals to Form 990-EZ, Part II, line 24		19,350.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Deferred Revenue		1,575.
Due to CSAF		300.
Totals to Form 990-EZ, Part II, line 26		1,875.

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

Awards/Certificates	527.
Bank Charges	43.
Credit Card Terminal Fees	4,110.
Event	6,775.
Insurance	422.
Miscellaneous	130.
Office Supplies	691.
Staff & Sec Office Travel	211.
Surgery Journal Fee	23,405.
Website Development	2,530.
Annual Meeting	96,003.
Executive Committee	980.
CSAF Reimb	1,700.
Fall Exec Meeting	6,368.
2010 annual meeting	2,431.
<b>Total</b>	<b>146,326.</b>

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**Purpose of Payment Scholarships & Other Programs for Surgeons

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Contribution	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>American College of Surgeons Foundation</u> <u>633 N St clair Street</u> <u>Chicago IL 60611</u>	none	1,000.

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

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

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

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**Purpose of Payment Scholarships & Programs for Surgeons

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Contribution	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	ACSPA- Surgeons PAC	none	
	1640 Wisconsin Ave NW		
	Washington DC 20007		1,000.

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

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

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

Book Value	How Book Value Determined
FMV	How FMV Determined

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

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

Description	Amount
Recorded prior period meeting deposits for 2006 & 2008	9,500.
Total	9,500.



## Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Contributions	1,700.
Housing Commission	12,196.
Exhibitor/Sponsorship Income	12,200.
Total	26,096.

## Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
Registration & Refunds	56,520.
Membership & Initiation Dues	106,190.
Optional Activities	3,105.
Total	165,815.

## Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
Interest Income per QB	69.
Interest Income posted in 2010 s/b 2009	1,568.
Total	1,637.

## Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Accounting-QB	300.
Admin Mgmt	3,373.
Financial Mgmt	4,697.
Accounting	375.
Total	8,745.

**Supporting Statement of:**

Form 990-EZ/Line 14

Description	Amount
Telephone	458.
Total	458.

**Supporting Statement of:**

Form 990-EZ/Line 15

Description	Amount
Postage & Delivery	6,735.
Program Book/Membership Directory	9,516.
Printing & Reproduction	1,381.
Total	17,632.

**Supporting Statement of:**

Form 990-EZ/Line 22, Column (B)

Description	Amount
Bank Accounts less CSAF	151,844.
Unrecorded interest income	1,568.
Due from CSAF	1,539.
Total	154,951.

**Supporting Statement of:**

Form 990-EZ/Line 28, Expenses

Description	Amount
Surgery Journal Fee	23,405.
Annual Meeting	96,003.
Fall Exec Council Mtg	6,368.
Prepaid Annual Mtg Expenses	2,431.
CSA Foundation Reimb	1,700.
Program books & Directory	9,516.
Total	139,423.