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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

For the 2009 calendar year, or tax year beginning 2009, and ending R D Employer identification number Check if applicable C Name of organization Please Address change Missouri Society of Eye Physicians and Surgeons 43-6056202 use IRS label or Name change Number and street (or P O box, if mail is not delivered to street address) Telephone number print or Initial return type. See Specific Instruc-(573) 556-8900 P.O. Box 1625 Termination City or town, state or country, and ZIP + 4 Amended return Group Exemption ions. Jefferson City MO 65102 Application pending Number Cash X Accounting method Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) > Check ► X if the organization is not required to attach Schedule B (Form 990, Website: ► www.moseps.com 990-EZ, or 990-PF) Tax-exempt status (check only one) - \times 501(c) (4947(a)(1) or 527 6) ◀ (insert no.) 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 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 137,171. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 2,500. Contributions, gifts, grants, and similar amounts received 1 $15, \overline{770}$. Program service revenue including government fees and contracts 2 Membership dues and assessments 3 117,160. 118. 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b **b** Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses 6b 6 c c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a 7a Gross sales of inventory, less returns and allowances 7b b Less cost of goods sold 7 c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 1,623. 8 Other revenue (describe ► Miscellaneous Income 137,171. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) 10 RECEIVED 11 11 Benefits paid to or for members RS-OSC 12 12 Salaries, other compensation, and employee benefits 13 67,137. 13 Professional fees and other payments to independent contractors ∞ MAY 0 5 2010 14 14 Occupancy, rent, utilities, and maintenance 1,620. 15 Printing, publications, postage, and shipping 15 OGDEN UT 16 20,395. 16 Other expenses (describe ► See Other Expenses Statement 89,152. 17 17 Total expenses. Add lines 10 through 16 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 48,019. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 -11,815. figure reported on prior year's return) See L-20 Stmt 20 1,555. 20 Other changes in net assets or fund balances (attach explanation) 21 37,759. 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 (B) End of year (See the instructions for Part II) (A) Beginning of year 37,759. 22 Cash, savings, and investments 21,525. 22 0. 23 Land and buildings 0.23 0. 24 Other assets (describe > 0. 24 759. 25 Total assets 21,525. 25 37, 0. 26 Total liabilities (describe ▶ 33,340. 26 -11,815. 27 37, 759. Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

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Form **990-EZ** (2009)

| Form 990-EZ (2009) Missouri Soci | ety of Eye Physician | ns and Surgeons | 43 | -605 | 56202 Page 2 |
|---------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|--------------------------------------------|----------|----------------------------------------------------------------------------------------|
| | Service Accomplishments | | | | Expenses |
| What is the organization's primary exempt purpose? | To promote quality medical and s | urgical eye care for cit | izens of Missouri | Reg | uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional |
| Describe what was achieved in carrying out describe the services provided, the number | the organization's exempt purpo | oses In a clear and con | cise manner, | orgai | nizations and section |
| describe the services provided, the number | of persons benefited, or other re | elevant information for e | ach | 4947 | (a)(1) trusts; optional thers) |
| program title | | | | 101 0 | 1 |
| 28 Two coding seminars were attended b | | | | | |
| billing/coding staff with more | | | | | |
| <u>technicians. Topics fo</u> | <u>cus_on_emerging_issu</u> | <u>ies within the j</u> | <u>profession.</u> | | |
| (Grants \$) I | this amount includes foreign gr | ants, check here | ▶ | 28 a | |
| 29 The Table Rock Regional Ro | and-up was attended by | 78 doctors from N | Missouri and | | |
| three neighboring states. | | | | | |
| continuing education and | | | | | |
| | this amount includes foreign gr | | | 29 a | |
| | | | | 23 a | |
| 30 Moseps hosted an Eye Screen | | | | | |
| training programs across the | | | | | |
| eye screenings to elect | | | T brolic. | | |
| | this amount includes foreign gr | ants, cneck nere | | 30 a | |
| 31 Other program services (attach sched | | | - □ | | |
| | this amount includes foreign gr | ants, check here | | 31 a | |
| 32 Total program service expenses (add | | | | 32 | |
| Part IV List of Officers, Directo | | ^ ~ - | | | |
| (a) Name and address | (b) Title and average hours per week devoted | (c) Compensation (If not paid, enter -0) | (d) Contributions employee benefit plan | | (e) Expense account and other allowances |
| (a) Name and address | to position | not paid, enter -u) | deferred compensa | | and other allowances |
| John F. Doane, MD | | | | | |
| P.O. Box 1625 | President | | | | |
| | · - | | | 0. | |
| Jefferson City MO 65102 | 2.00 | 0. | | 0. | |
| Linda Tsai, MD | | | | | |
| P.O. Box 1625 | President-Elect | | | | |
| Jefferson City MO 65102 | 1.00 | 0. | | 0. | |
| Dean P. Hainsworth, MD | | | | | |
| P.O. Box 1625 | Sec-Treas | | | | |
| Jefferson City MO 65102 | 1.00 | 0. | | 0. | |
| William V. Walters, MD | | | | | |
| P.O. Box 1625 | Past-President | | | | |
| Jefferson City MO 65102 | · - | 0. | | Ο. | |
| | 1.00 | · | | <u> </u> | |
| Greg Lueder, MD | | | | | |
| P.O. Box 1625 | Director | | | _ | |
| Jefferson City MO 65102 | 1.00 | 0. | | 0. | |
| Elliot Korn, MD | | Ì | | | |
| P.O. Box 1625 | Director | İ | | | |
| Jefferson City MO 65102 | 1.00 | 0. | | 0. | |
| Nancy Holekamp, MD | | | | | |
| P.O. Box 1625 | Director | | | | |
| Jefferson City MO 65102 | · - | 0. | | 0. | |
| Thomas F. Essman, MD | | 1 | <u> </u> | | ** ** |
| P.O. Box 1625 | Director | | | | |
| | · | 0. | İ | 0. | |
| Jefferson City MO 65102 | 1.00 | | | <u> </u> | |
| Mark Cox, MD | · 🚽 . | | | | |
| P.O. Box 1625 | Director | | | | |
| Jefferson City MO 65102 | 1.00 | 0. | | 0. | |
| Nelson Sabates, MD | | 1 | | | |
| P.O. Box 1625 | Director | | | | |
| Jefferson City MO 65102 | · | 0. | | 0. | |
| Blake Cooper, MD | - | 1 | | <u> </u> | |
| P.O. Box 1625 | Director | | | | |
| Jefferson City MO 65102 | 1.00 | 0. | | 0. | |
| | | • • • • • • • • • • • • • • • • • • | | υ. | |
| See List of Officers, Directors, Trustees, & Key Employees S | · t <u>mu</u> | | | | |
| | · - | | | | |
| | <u> </u> | 1 | l | | |

| ti P | 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 | | | ł . |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|------------------|
| c S | Yes, complete Schedule L, Part I | 40 b | | |
| | 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 | | | |
| | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | | ľ |
| e A | 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 | 40 e | 31. | X |
| 41 L | List the states with which a copy of this return is filed 🟲 | | | |
| b A | books are in care of Penman & Winton Consulting Group, Inc. Telephone no. > (573) Located at 124 East High Street Jefferson City MO ZIP + 4 > 65101 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 > | 42b | Yes | No X |
| c A | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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 | 42c | y consequence of the second | *, \ <u>*</u> |
| | 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 | | - 🗆 | |
| 44 [| Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | Yes | No X |
| 45 k | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | х |
| BAA | | orm 990 | -EZ (| |

| | | ssouri Society of | | | | |
|------------------|--------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| Part VI | 501(c)(3) | 01(c)(3) organizations organizations and sed nd complete the tables | ction 4947(a)(1) no | nexempt charita | ot charitable trusts only ble trusts must answer | r. All section questions |
| | | | | | r in opposition to candidates | Yes No |
| for p | ublic office? If | Yes,' complete Schedule C | , Part I | | r in opposition to candidates | 46 |
| 47 Did t | the organization | engage in lobbying activiti | es? If 'Yes,' complete S | chedule C, Part II | | 47 |
| 48 Is th | e organization a | a school as described in sec | ction 170(b)(1)(A)(ii)? If | 'Yes,' complete Sch | edule E | 48 |
| 49a Did t | the organization | make any transfers to an | exempt non-charitable r | elated organization? | | 49a |
| b If 'Ye | es,' was the rela | ated organization a section | 527 organization? | | | 49b |
| 50 Com | plete this table | for the organization's five h | nighest compensated en | nployees (other than | officers, directors, trustees ar If there is none, enter 'None | nd key |
| | | of each employee paid n \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
| | | | | | | |
| | | | , | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | I more of other | er employees paid over \$10 | <u> </u> | | | |
| 51 Com | pensation from | the organization If there is | none, enter 'None ' | | s who each received more that | (c) Compensation |
| | (a) Name and | radiress of cadi independent contr | actor paid more trial \$100,000 | | (b) Type of service | (c) compensation |
| | | | | | | |
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| | | | | | | |
| d Tota | I number of other | er independent contractors | each receiving over \$10 | 00,000 | - | |
| | Under penalties o true, correct, and | f perjury, I declare that I have exam complete Declaration of preparer (| ned this return, including acco other than officer) is based on a | mpanying schedules and st all information of which pre | atements, and to the best of my knowledge | edge and belief, it is |
| | | 1 mo-7. | | | 4/21/2 | |
| Sign Here | Signature of c | officer V | | | Date 1 2 1 8 | |
| | | JDA TSAI M |) - Pre | sident of 1 | Mosep | |
| Paid Pre- | Preparer's signature | Merely X | Lang. C | PA Date 04/12/ | Check if Self-employed | erer's Identifying Number instructions) |
| parer's | Firm's name (or | BIELECKI & COMP | ANY CPA'S, P.C | | | |
| Use | yours if self- employed), | 3432 W TRUMAN B | | | EIN ► | |
| Only | address, and ZIP + 4 | JEFFERSON CITY | | MO 65109 | -5712 Phone no ► (573) | 659-8889 |
| | | eturn with the preparer sho | wn above? See instruc | | | X Yes No |
| BAA | | E spars. one | | | | Form 990-EZ (2009 |

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

| If the organization ansv | vered 'Yes,' to Fori | n 990, Part IV, line | 5 (Proxy Tax), then |
|--------------------------|----------------------|----------------------|---------------------|
| | | | |

| • 9 | Section 501(c)(4), (5), or (6) or | rganizations Complete Part III | | | |
|-----|-----------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|
| | of organization | | | Employer identifica | ation number |
| Mis | ssouri Society of E | Eye Physicians and Surgeons | 5 | 43-605620 | 2 |
| Pai | t I-A Complete if the o | rganization is exempt under secti | on 501(c) or is a s | section 527 organiz | zation. |
| 1 | Provide a description of the o | organization's direct and indirect political ca | mpaign activities in P | art IV | |
| 2 | Political expenditures | | | ► \$ | |
| 3 | Volunteer hours | | | | |
| Par | t I-B Complete if the o | rganization is exempt under secti | on 501(c)(3). | | |
| 1 | Enter the amount of any exci | se tax incurred by the organization under s | ection 4955 | ▶ \$ | |
| 2 | Enter the amount of any exci | se tax incurred by organization managers ι | ınder section 4955 | ► \$ | |
| 3 | If the organization incurred a | section 4955 tax, did it file Form 4720 for t | his year? | | Yes No |
| 4 8 | Was a correction made? | | | | Yes No |
| ŀ | If 'Yes,' describe in Part IV | | | | |
| Pai | t I-C Complete if the o | rganization is exempt under secti | on 501(c), excep | section 501(c)(3). | |
| | | pended by the filing organization for section | | | |
| 2 | Enter the amount of the filing | organization's funds contributed to other o | raanizations for section | n 527 exempt | |
| _ | function activities | organization's failus contributed to other o | rganizations for section | ► \$ | |
| 3 | Total of exempt function expe | enditures Add lines 1 and 2. Enter here and | d on Form 1120-POL | | - |
| • | line 17b | stratures 7 and 2. Effet field all | d 0/11 0/11/ 1120-1 OE, | ► \$ | |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses | and employer identification number (EIN) o | f all section 527 polition | cal organizations to which | ch payments were |
| | contributions received that we | listed, enter the amount paid from the filing ere promptly and directly delivered to a sep | g organization's funds Jarate political organiz | Also enter the amount ation, such as a separa | of political te segregated fund |
| | or a political action committe | e (PAC) If additional space is needed, pro- | vide information in Pa | rt IV | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing | (e) Amount of political |
| | (4) | (4)/1001033 | (0, 2 | organization's funds If none, enter-0- | contributions received and |
| | | | | in none, enter s | promptly and directly delivered to a separate political organization |
| | | | | | If none, enter -0- |
| | | | | | |
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **C** (Form 990 or 990-EZ) 2009

| Schedule C (Form 990 or 990-EZ) 200 | MMISSOURI SOCIE | ety of Eye Phy | sicians and Su | rgeons 43-6056 | 202 Page 2 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------|
| | the organization is | | | filed Form 5768 (ele | |
| | ng organization belongs t | o an affiliated group | | | |
| | ng organization checked | | trol' provisions apply | | |
| | Limits on Lobbying Expenditures' means a | openditures — | = = | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu | res to influence public o | pinion (grass roots lob | bying) | | |
| b Total lobbying expenditu | ures to influence a legisla | itive body (direct lobby | ring) | | |
| c Total lobbying expenditu | |)) | | | |
| d Other exempt purpose e | • | | | | |
| e Total exempt purpose e | xpenditures (add lines 1 | and 1d) | | | |
| f Lobbying nontaxable am both columns | nount. Enter the amount | from the following table | e in | | |
| If the amount on line 1e, col | umn (a) or (b) is The I | obbying nontaxable a | mount is. | | |
| Not over \$500,000 | | of the amount on line 1e | | | - |
| Over \$500,000 but not over \$1 | | .000 plus 15% of the excess | | | |
| Over \$1,000,000 but not over \$ | | ,000 plus 10% of the excess | | | |
| Over \$1,500,000 but not over \$ | | ,000 plus 5% of the excess of | over \$1,500,000 | | |
| Over \$17,000,000 | | 0,000. | | | |
| g Grassroots nontaxable ah Subtract line 1g from lin | | | | | |
| i Subtract line 1f from line | | | | | |
| 1 Subtract line 11 from line | c ic ii 2010 01 1033, ciilo | | | | |
| i If there is an amount otl | her than zero on either li | | e organization file Form | 4720 reporting | |
| j If there is an amount otl section 4911 tax for this | her than zero on either li s year? | | e organization file Form | 4720 reporting | Yes No |
| section 4911 tax for this | year? 4-Ye ne organizations that ma | ne 1h or line 1i, did the ear Averaging Period L ade a section 501(h) el | Inder Section 501(h) | omplete all of the five | Yes No |
| section 4911 tax for this | s year? 4-Ye ne organizations that ma columns be | ear Averaging Period Lade a section 501(h) elelow. See the instruction | Jnder Section 501(h) ection do not have to c | omplete all of the five 12f.) | Yes No |
| section 4911 tax for this | s year? 4-Ye ne organizations that ma columns be | ear Averaging Period Lade a section 501(h) elelow. See the instruction | Jnder Section 501(h) ection do not have to c ons for lines 2a through | omplete all of the five 12f.) | Yes No |
| section 4911 tax for this (Son | year? 4-Yene organizations that macolumns be Lobbying | ear Averaging Period Lade a section 501(h) elelow. See the instruction | Jnder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five o 2f.) | |
| Calendar year (or fiscal year beginning in) 2a Lobbying non-taxable | year? 4-Yene organizations that macolumns be Lobbying | ear Averaging Period Lade a section 501(h) elelow. See the instruction | Jnder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five o 2f.) | |
| Calendar year (or fiscal year beginning in) 2a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line | year? 4-Yene organizations that macolumns be Lobbying | ear Averaging Period Lade a section 501(h) elelow. See the instruction | Jnder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio (c) 2008 | omplete all of the five of 2f.) od (d) 2009 | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying | year? 4-Yene organizations that macolumns be Lobbying | ear Averaging Period Lade a section 501(h) elelow. See the instruction Expenditures During (b) 2007 | Jnder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio (c) 2008 | omplete all of the five of 2f.) od (d) 2009 | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable | year? 4-Yene organizations that macolumns be Lobbying | ear Averaging Period Lade a section 501(h) elelow. See the instruction | Jnder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio (c) 2008 | omplete all of the five of 2f.) od (d) 2009 | |

| Schedule C (Fort | 11 990 01 990-EZ) 2009 MISSOULI | Society of | L Lye P | <u>iysicians</u> | and Su | irgeons | 43-603 | 6202 | Page |
|------------------|---------------------------------|------------|------------|------------------|------------|-----------|-----------|--------|------|
| | Complete if the organiza | | ot under s | section 501(| (c)(3) and | d has NOT | filed For | m 5768 | |
| | (election under section ! | 501(h)). | | | | | | | |
| | | | | | | | | | |

| • | (; | (a) (t | | (a) (b) | | b) | _ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|---------|---------|----|----|---|
| | Yes | No | Amo | ount | | | |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | | | |
| a Volunteers? | | | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | | | | | |
| d Mailings to members, legislators, or the public? | | | | | | | |
| e Publications, or published or broadcast statements? | 11. | | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | | |
| i Other activities? If 'Yes,' describe in Part IV | | | | | | | |
| j Total Add lines 1c through 1i | | | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | | |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 5 | 01(c)(5) | , or sec | tion 50 |)1(c) | (6 | | |
| | | | | | _ | | |
| | | | | Yes | L | | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | L | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | Х | L | | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 3 | | | | |

| _ | Dia tito digamization mano diny in modes lossying expenditares of 42,000 or 1000 | _ | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-----|
| | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | X |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered | on 50 | 01(c) | (6) |
| | if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered | 'Yes | .' | |

| 1 | Dues, assessments and similar amounts from members | 1 | |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| ā | Current year | 2a | |
| ŧ | Carryover from last year | 2b | |
| (| : Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | | |
| | expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |
| Pai | t IV Supplemental Information | | |
| Com Also | plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part complete this part for any additional information | II-B, line 1i | _ |
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Income from Coding Seminar Registrations totaling \$15,770 is reported on Line 2. The coding seminars are designed for ophthalmic billing/coding staff, ophthalmologists, and opthalmic technicians with topics focusing on emerging issues within the profession.

Line 35

Form/Line Form 990-EZ, Part V

Explanation of. Not Reporting Income on Form 990-T