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6040 04/19/2010 8 57 AM Form Department of the Treasury Interna, Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2009

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

<u></u>	For the 200	9 cal <u>endar y</u>	ear, or tax year beginning , and ending				
В	Check if applical		C Name of organization NATIONAL BOARD OF ECHOCARDIOGRAPHY,	,	D Empl	oyer identification number	
	Address change	use IRS label or	INC				
	Name change	print or	Doing Business As		56-	-2000084	
	Initial return	type	Room/suite	E Telepi	hone number		
		See	1500 SUNDAY DRIVE	102	919	9-787-5781	
∟ i	Termination	Specific Instruc-	City or town, state or country and ZIP + 4		G Gross rec	eipts \$ 1,581,713	
LI	Amended return		RALEIGH NC 27607				
1	Application pend	_{ding} F Name	e and address of principal officer		H(a) Is this	a group return for	
	.,				affiliat		
					H(b) Are al includ	red? Yes No	
_					If "No	" attach a list (see instructions)	
1_	Tax-exempt s		501(c) (6) ◀ (insert no) 4947(a)(1) or 527				
<u>J</u>	Website.		CHOBOARDS.ORG		H(c) Group	exemption number	
*****	Type of organiz	ation X Cor	poration Trust Association Other ► L Ye	ar of formation		M State of legal domicile	
P	art I	Summai		·			
	1 Briefl	ly describe t	ne organization's mission or most significant activities				
ą,	CE	ERTIFICA	ATION EXAM ADMINISTRATION				
auc							
Ĕ							
ð	2 Chec	k this box	if the organization discontinued its operations or disposed of more than 25%	of its net asset	s .		
യ	3 Numl	ber of voting	members of the governing body (Part VI, line 1a)		3		
es	4 Numi	ber of indepe	endent voting members of the governing body (Part VI, line 1b)		4		
Σ	5 Total	number of e	employees (Part V, line 2a)		5	0	
Activities & Governance	6 Total	number of v	olunteers (estimate if necessary)		_ 6		
•	7a Total	gross unrela	ated business revenue from Part VIII, column (C), line 12		7a		
	b Net u	inrelated bus	siness taxable income from Form 990-T, line 34		7b	0	
				Prior Yea	r	Current Year	
ē	ľ		grants (Part VIII, line 1h)	1 07	- 620	1 526 405	
Revenue	_	ram service		5,630	1,536,405		
ě			e (Part VIII, column (A), lines 3, 4, and 7d)	7(7,214	45,308	
_		=	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		- 0 4 4	1 501 510	
	 		dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,145		1,581,713	
	i		r amounts paid (Part IX, column (A), lines 1–3)		5,000	15,000	
	1	•	r for members (Part IX, column (A), line 4)				
es			mpensation, employee benefits (Part IX, column (A), lines 5–10)				
Expenses	16a Profe	essional fund	raising fees (Part IX, column A Erley Ep				
ă		_	expenses (Part X, column (D), line 25)			1 100 100	
ш			Part IX, column (A), lines 11a–11d, 11f–24f)	1,288		1,109,420	
			Add lines 13–17 (must equal Partux) column (A) tipe 25)	1,303		1,124,420	
- 0	19 Reve	enue less exp	penses Subtract line 18 from line 12	Beginning of Curi	7,980	457,293 End of Year	
Net Assets or Fund Balances	20 Total	annota (Bor		1,305		2,001,927	
4sse Bala	20 Total	assets (Par	art X, line 26)		7,825	282,781	
a k	21 TOTAL	•	d balances Subtract line 21 from line 20		7,283	1,719,146	
	art II	Signatur	· · · · · · · · · · · · · · · · · · ·		, <u>, </u>	27,13,110	
	ait ii		es of perjury, I declare that I have examined this return, including accompanying schedules and s	statements and to	o the best of	my knowledge	
		and belief, it	es of perjury, i declare that i have examined this return, including accompanying scriedules and s s true, correct, and complete. Declaration of preparer (other than officer) is based on all informati	on of which prepare	arer has any	knowledge	
Sig	ın İ	k	Imarew K. Thane		1 3	5-14-2010	
Hore							
	'	Signatur	"O' O' Hudrew K. Chase Executive Direc	tor	Duic		
		Type or	print name and title				
	 +		Date	Check if		Preparer's identifying number	
Pai	id	Preparer's signature		colf_		(see instructions) P00412240	
Proparor's							
	e Only	Firm's name	Joyce and Company, CPA		EIN D	56-2202813	
		if self-employ address, and			Phone	919-466-0946	
14-	- the IDC :				no 🕨		
			urn with the preparer shown above? (see instructions)		(.	Yes No	
ı or	TIIVACY AC	i and Paper	work Reduction Act Notice, see the separate instructions.		11	Form 990 (2009)	

Part IV	Checklist of	Required	Schedules
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				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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
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		\mathbf{x}_{-}
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
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,"			1	
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	}	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	1	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	İ			
	Schedule D, Part VI			1	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			I	1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			ı	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			1	- 1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ļ		I	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	ļ		I	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ļ		1	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			Ī	- 1
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			I	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			ŧ	- 1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	}			
	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No		I	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	2A X		1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		<u>X</u> _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	i	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		<u>X</u> _
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? If "Yes," complete Schedule F, Part II		15		<u>X</u> _
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? If "Yes," complete Schedule F, Part III		16		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		İ		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	}	17		<u>x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III	ļ	19		<u>X</u> _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		<u> </u>
				OOA .	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
b	Is the organization 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	25b		
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		<u>x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		J	
	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		I	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		I	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ĺĺ	Í	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		- 1	
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		1	
	III, IV, and V, line 1	34	-+	<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	}	ł	
	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37	\dashv	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		- 1	x
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	
		Form	2271	7111141

56-2000084 Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)? X 4a If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? $\bar{\mathbf{x}}$ If "Yes," to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enterа Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against

12a

11b

12a

amounts due or received from them)

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A Governing Body and Management

Sec	ction A. Governing Body and Management			
_		r	Yes	No
1a	Enter the number of voting members of the governing body			I
b	Enter the number of voting members that are independent 1b 11			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			•
_	any other officer, director, trustee, or key employee?	2	├	X
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?	3		X
4 5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_	├—	X
6	Did the organization become aware during the year of a material diversion of the organization's assets?	5	-	X
7a	Does the organization have members or stockholders?	6	├—	<u> </u>
' a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	-		
h	of the governing body? Are any decrease of the governing body subject to anaroughly march are stockholders as other necessary?	7a	├—	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following The governing hadron		v	ŧ
a L	The governing body?	8a	X	├─
р	Each committee with authority to act on behalf of the governing body?	_8b	^	├─
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			x
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal	9	Ц	
	renue Code.)			
1764	ende Code.)			
10a	Describe arganization have lead abouters brenches or affiliates?	40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
''	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	44		х
11a		11		
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	120		X
b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	
U	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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		X
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	192		
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	1	x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	133	\neg	
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	[]	1	
	the organization's exempt status with respect to such arrangements?	16b	Ī	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 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 Another's website X Upon request			
19	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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ FIRST POINT MANAGEMENT RESOURCES 1500 SUNDAY DR, STE 102			
_RA	NC 27607	919-78	7-5	<u> 181</u>

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- 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, and 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 not comper	nsate T	any			officer,	dire		 	
(A) Name and Title	(B) Average hours per	Pos		(chec		that app	oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVEN A. GOLDSTE	IN, MD	x						0	0	0
LINDA DAWN GILLAM	, MD	 					\neg			
DIRECTOR		X						0	0	c
RICHARD HUMES, MD										_
DIRECTOR		X		ļ	_	Ш	_	0	0	0
CHRIS TROIANOS, M	D							•		
DIRECTOR JONATHAN LINDNER,	MD	X				╁╌┼	\dashv	0	0	0
DIRECTOR		x						O	0	0
MARCUS STOODDARD,	MD	-		\vdash	\vdash	\vdash	\dashv			
DIRECTOR		X						0	0	0
JOHN ALLYN, MD							\neg			
DIRECTOR		X		<u> </u>	<u> </u>	Ш	\Box	0	0	0
EDWARD A. GEISER,	MD						- 1			
PAST PRES.		_		X		\vdash	\dashv	0	0	0
JACK S. SHANEWISE PRESIDENT	, мр			x				o	o	0
STANTON K. SHERNA	N MD	╁╌		┝┻		 - 	\dashv		<u> </u>	
SECR/TREAS	11, 110			\mathbf{x}			ı	O	0	0
HARRY RAKOWSKI, M	D						ᅥ			
PRES-ELECT				X	Ĺ			0	0	0
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1 Form **990** (2009)

	990 (2009) NATIONAL								RAPHY, 56-200 d Highest Compensated E				age
Pai	rt VII Section A. Officers (A) Name and Title	(B) Average hours per			(chec	C)	that ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estima	ated	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	othe compen from organiz and rel organiza	er sation the ation ated	
			<u> </u>										
				-									
			J						-		_ 		
_						-							
_													
													-
 1b	Total							_					
2	Total number of individuals (increportable compensation from	-			ose	liste			who received more than \$	100,000 in			
3	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line	rmer officer, dire	ector o	or tru	uch	indıv	ıdual				3	Yes	No X
5	the organization and related or individual Did any person listed on line 1s services rendered to the organ	ganizations grea a receive or acci	ater th	an \$ mpe	150, ensat	,000°	? If "Y from a	es," any i	" complete Schedule J for s unrelated organization for		5		x x
	tion B. Independent Contractor Complete this table for your five	ors								an \$100,000 of			
	compensation from the organiz									(B) tion of services		(C)	tion.
	RST POINT MANAGEME	NT RESOUR	CES 2	76		L50	0 S		DAY DRIVE STE 10 IANAGEMENT COM	2			000,
							_						_
			-			_	-						
			_							 			

Total number of independent contractors (including but not limited to those listed above) who received

Form 990 (2009) NATIONAL BOARD OF ECHOCARDIOGRAPHY, 56-2000084

Pa	rt VI	II Staten	nent of Reve	nue						
	•						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated can		1a			1			
gra		Membership d		1b			1			
fts,		Fundraising ev		1c						
<u>ig</u>		Related organ		1d			I			
Sir		Government grants		<u>1e</u>			1			
ĘĖ	f	All other contribution and similar amounts					1			
盲				1f			I			
and	g		ns included in lines 1a-	11	\$		1			
\rightarrow	<u>n</u>	Total. Add line	s ia-ii			Busn. Code				
Program Service Revenue	٥-					Bush. Code	849,345	849,345		····
Ševe	2a	ASC EXA		anc		+	501,190	501,190		
Se F	b		D PTE EXAM FI ERTIFICATION				113,745	113,745		
Š	c d				pro c		63,075	63,075		
'n.			M RECERTIFICAT: M CERTIFICAT:		FEES	 	3,925	3,925		
grai	e		am service rever				5,125	5,125		
P.	q	Total. Add line		iuc		•	1,536,405	, , , ,		
\dashv	3		ome (including o	lividen	ds interes	st. and	,			
	·	other similar a			20,	▶	45,308			45,308
	4		vestment of tax-	exemo	t bond pr	oceeds ►	,			
	5	Royalties				▶ [
			(ı) Real		(II) F	Personal				
	6a	Gross Rents					1			
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			>				
	7a	Gross amount from	(i) Secunties	5	(11)	Other				
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps						l		
	С	Gain or (loss)								
	d	Net gain or (lo	ss)			▶				
a)	8a	Gross income fro	om fundraising ever	nts						
nue		(not including \$								
eve		of contributions r	eported on line 1c)							
Other Reven		See Part IV, line	18	а						
Othe		Less direct ex		b						
0			(loss) from fund		events	>	_			
	9a		om gaming activities	S						
		See Part IV, line		а						
		Less direct ex		b						
			(loss) from gam	ing act	vities	<u> </u>				
	10a		f inventory, less							
		returns and all		a	· · ·					
		Less cost of g		, b		-				
	С		(loss) from sale:		entory	Busn. Code				
	4:	Misc	cellaneous Revenue			Busn. Code	†			
	11a									
	b									
	C	All a45								
	d	All other rever								
	12		es 11a-110 e. See instruct <u>io</u>	ns			1,581,713	1,536,405	0	45,308
	1.4	TOTAL NEVERIL	e, oce manacho				,_,_			

Form 990 (2009)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	15,000	15,000		
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		<u> </u>		
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	210,000		210,000	
b	Legal	13,532		13,532	
С	Accounting	2,990		2,990	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		· ·		
g	Other				
12	Advertising and promotion	21,428		21,428	
13	Office expenses	1,582		1,582	
14	Information technology	5,724		5,724	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14 207		14,387	
19	Conferences, conventions, and meetings	14,387		14,367	
20	Interest	·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11 040		11,849	
23	Insurance	11,849		11,049	
	Other annual learning and and				
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)				
_	ASC EXAM	344,655	344,655		
a	ADVANCED PTE EXAM	261,561	261,561		
b c	ASC EXAM RECERTIFICATION	85,113	85,113		
d	PTE EXAM RECERTIFICATION	71,449	71,449		
e	BANK MERCHANTS DISCOUNTS	36,755		36,755	
f	All other expenses	28,395	17,428	10,967	
25	Total functional expenses. Add lines 1 through 24f	1,124,420	795,206	329,214	
26	Joint costs. Check here ▶ 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				- 000
DAA					Form 990 (2009)

			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		84,321	1	501,564
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		209	4	1,038
5	Receivables from current and former officers, directors,	, trustees, key			······································
	employees, and highest compensated employees. Com	plete Part II of		I	
	Schedule L		5		
6	Receivables from other disqualified persons (as defined	d under section			
ĺ	4958(f)(1)) and persons described in section 4958(c)(3		[1	
	Part II of Schedule L			6	
ASSetS	Notes and loans receivable, net			7	
8 8	Inventories for sale or use			8	
∢ 9	Prepaid expenses and deferred charges		137,130	9	267,208
10	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a		1	
Ł	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities		1,083,448	11	1,232,117
12	Investments—other securities See Part IV, line 11		12		
13	Investments—program-related See Part IV, line 11		13		
14	Intangible assets		14		
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 3	4)	1,305,108	16	2,001,927
17	Accounts payable and accrued expenses		136,425	17	198,231
18	Grants payable			18	
19	Deferred revenue		41,400	19	9,550
20	Tax-exempt bond liabilities			20	
£ 21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
21 22	Payables to current and former officers, directors, truste				
5	employees, highest compensated employees, and disqu	· · · · · · · · · · · · · · · · · · ·			
<u> </u>	persons Complete Part II of Schedule L	3303	Ī	22	
_ 1	Secured mortgages and notes payable to unrelated third	d parties		23	
24	Unsecured notes and loans payable to unrelated third p			24	75,000
25	Other liabilities Complete Part X of Schedule D			25	<u></u>
26	Total liabilities. Add lines 17 through 25		177,825	26	282,781
ַ	Organizations that follow SFAS 117, check here ▶	X and			······································
<u> </u>	complete lines 27 through 29, and lines 33 and 34.			1	
27	Unrestricted net assets		1,127,283	27	1,719,146
28	Temporarily restricted net assets		28		
2 29	Permanently restricted net assets		29		
5	Organizations that do not follow SFAS 117, check he				
	and complete lines 30 through 34.		1		
30	Capital stock or trust principal, or current funds	1	30		
31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
32	Retained earnings, endowment, accumulated income, o			32	
27 28 29 30 31 32 33 34	Total net assets or fund balances		1,127,283	33	1,719,146
34	Total liabilities and net assets/fund balances		1,305,108	34	2,001,927

Form **990** (2009)

orm	1 990 (2009) NATIONAL BOARD OF ECHOCARDIOGRAPHY, 56-2000084		Pa	ge 12
	ert XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	141 U. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	2b		<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	į į		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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SCHEDULE 1 (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

NATIONAL BOARD OF ECHOCARDIOGRAPHY,

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047*

5002	Open to Public Inspection

Employer identification number

ŝ X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of 56-2000084 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 15,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section f applicable General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? SOCIETY OF CARDIOVASCULAR ANESTHESI (a) Name and address of organization or government 2209 DICKENS RD RICHMOND Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 NATIONAL BOARD OF ECHOCARDIOGRAPHY, 56–2000084

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

	Ose Fait IV and Ochegaic I-1 (1 Onn 550) ii adding	יו סוווי ססס ווויס	3			
9	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informati	on required in Part I,	line 2, and any other addit	tional information.

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

NATIONAL BOARD OF ECHOCARDIOGRAPHY. Name of the organization INC

Employer identification number

56-2000084

Form 990, Part III, Line 4d - All Other Achievements PROVIDES FUNDS TO OFFER AND ADMINISTER NATIONAL CERTIFICATION EXAMS IN THE FIELD OF ECHOCARIOGRAPHY

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public