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DLN: 93493117000191

Form **990**

Department of the Treasury

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public

Δ Fα	r the	2009 cales	ndar vea	r, or tax year beginning 07-	01-2009 and ending 06-30-2010	<u> </u>		Inspection	
		🗀		C Name of organization	21-2009 and ending 00-30-2010	,	D Employer i	dentification number	
	dress ch		lease se IRS	ASSOCIATION OF MILITARY SU UNITED STATES	RGEONS OF THE		53-00293	355	
		lange	bel or	Doing Business As			E Telephone		
	me cha	ty	rint or /pe. See	AMSUS			(301)897		
Init	tial retu		pecific 1struc-		x if mail is not delivered to street addres	s) Room/suite		ts \$ 3,582,719	
Г Теі	mınate		ons.	9320 OLD GEORGETOWN ROAI)		G Gloss lecelp	15 \$ 3,302,713	
┌ Am	ended	return		City or town, state or country,	and ZIP + 4				
Г _{Арі}	olication	n pending		BETHESDA, MD 20814					
		_	E Nam	L ne and address of principal	officer			_	
				GE K ANDERSON	onicei	H(a) Is th affilia	ıs a group retu ıtas?	ırn for □ Yes 🔽 No	
				LD GEORGETOWN ROAD		umme		, 165 p 160	
			BETHE	SDA,MD 20814		H(b) Are al	l affiliates inclu	uded?	
					=			st (see instructions)	
I на	x-exem	npt status	✓ 501(c)	(3) ◀ (insert no)	a)(1) or 527	H(c) Grou	ıp exemption i	number 🟲	
J W	ebsit e	e: 🕨 www a	msus or	g					
K For	n of or	ganization 🔽	Corporat	ion Trust Association Ot	her ▶ -	L Year of fo	rmation 1903	M State of legal domicile Do	
	rt I	Summa		ion i ruse i rissociation i ot		1 rear or 10	imation 1903	Trotate of legal dofficies D	
			•	e organization's mission or	most significant activities				
		Provide fo	r the adv	ancement of Federal Medic	ine by providing a forum and cont				
e e				•	n the nation through policy study	, and improve	the effective	ness of the Federal	
Governance		Health Ca	re Servic	ies					
Ē									
<u>≅</u>									
উ	2	Check this	s box ►	f the organization discont	inued its operations or disposed	of more than	25% of its ne	t assets	
2 6	3	Number of	voting r	nembers of the governing b	ody (Part VI, line 1a)			3	
ĕ	4	Number of	ndepen	dent voting members of the	governing body (Part VI, line 1b)	•	4	
Activities	5	Total num	berofen	nployees (Part V , line 2a)				5	
্ব	6	Total num	berofvo	lunteers (estimate if neces	sary)			67	
	7a	Total gros	s unrela	ted business revenue from	Part VIII, column (C), line 12 .			7a 140,98	
	1			ness taxable income from F				7b -16,67	
					·	Prio	r Year	Current Year	
	8	Contribut	tions and			8,300			
<u>9</u>	9						2,368,389	2,159,362	
Revenue	10	-		ne (Part VIII, column (A), l		-118,754	490,139		
<u>ā</u>	11				5, 6d, 8c, 9c, 10c, and 11e)		73,377 90,		
	12		-		equal Part VIII, column (A), line		73,377	30,023	
							2,323,012	2,747,830	
	13	Grants a	nd sımıla	ar amounts paid (Part IX, co	lumn (A), lines 1-3)		4,000	4,743	
	14	Benefits	paid to o	r for members (Part IX, col	ımn (A), line 4)			C	
	15	Salaries,	otherco	ompensation, employee ben	efits (Part IX, column (A), lines 5	_			
\$		10)					927,359	957,809	
क	16a	Professio	nal fund	raising fees (Part IX, colum	n (A), line 11e)			C	
Expenses	ь	Total fundr	aising exp	enses (Part IX, column (D), line 2	5) - 0				
	17	Otherex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24f)		1,626,886	1,598,671	
	18	Total exp	enses A	Add lines 13-17 (must equ	al Part IX, column (A), line 25)		2,558,245	2,561,223	
	19	Revenue	less exp	enses Subtract line 18 fro	m line 12		-235,233	186,607	
ቴ ው						Beginning	g of Current	Food of Vac-	
ρœ						Y	ear	End of Year	
35.4E	20			t X, line 16)			7,242,511	7,914,529	
Net Assets or Fund Balances	21	Total liab	oilities (F	Part X, line 26)			1,247,339	1,220,208	
<u> </u>	22	Net asse	ts or fun	d balances Subtract line 2	1 from line 20		5,995,172	6,694,321	
Pai	rt II	Signat	ure Blo	ock					
					ned this return, including accompanying				
		and belief,	it is true, o	correct, and complete Declaration	of preparer (other than officer) is based	l on all informat	ion of which prep	arer has any knowledge	
Sigr		*****				2011	04-25		
Her		<u> </u>	re of office	er		Date	04-23		
		, CEODGE	E K WIDED	ISON EYECUTIVE DIDECTOR					
				e and title					
		D			Date C	heck if	Preparer's idea	ntifying number	
D-:-I		Preparer's signature		со	S	elf	(see instructio		
Paid	orosi -	emp			mpolyed 🕨 🦳				
•	arer's	Firm's name (or yours RSM MCGLADREY INC If self-employed),					EIN Þ		
Use (only	address, an		9737 WASHINGTONIAN BLVD	400				
				GAITHERSBURG, MD 20878	7340		Phone no 🕨	(301) 296-3600	
May ·	the IR	S discuss t	this retu	•	above? (see instructions)			✓ Yes 「No	

Form 990 (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

AMSUS advances the knowledge of federal healthcare and increases the effectiviness and efficiency of its membership my mutual association and by the consideration of matters pertaining to constituent services both in peace and war AMSUS is dedicated to the fulfillment of the following purposes. Improve the effectiveness, cohesiveness and esprit decorps of the federal healthcare service. Improve healthcare by providing a forum for discussion of ideas and whether on a local, national, or international level and by providing continuing education for its members. Contribute to the improvement of healthcare in the nation through policy study and recommendations. Represent the Association to the Executive and Legislative Branches, to national professional organizations and to the public

2	•	undertake any significa or 990-EZ?	, ,	ring the year which		Yes ✓ No			
	If "Yes," describe these new services on Schedule O								
3	Did the organization services?	cease conducting, or m		s in how it conducts		Yes ✓ No			
	If "Yes," describe th	ese changes on Schedu	le O						
4	Section 501(c)(3) a	• •	ons and section 4947 (a	a)(1) trusts are req	st program services by exp uired to report the amount e reported				
4a	(Code) (Expenses \$	1,151,620 including (grants of \$) (Revenue \$	783,660)			
	and provide opportuniti	es for networking Emphasis	ıs placed on ımproving Fedeı	ral Medicine by utilizing	discussions, scientific papers, sci health information to identify sl I value and awarding of continui	rategies that enhance patiei			
4b	(Code) (Expenses \$	515,927 including of	grants of \$) (Revenue \$	107,281)			
					ing international submissions. Fil ibers as well as other federal he				
	(Code) (Expenses \$	447,387 including of	grants of \$) (Revenue \$	365,838)			
40	`	, , , ,	, , ,	,	A FEDERAL ENVIRONMENT THRO	, ,			
	Other program serv	vices (Describe in Sche	dule O) See also Addit	ional Data for Des	cription				
	(Expenses \$	`	uding grants of \$		(Revenue \$)			
4e	Total program serv	ice expenses►\$	2,119,677						

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuii eu	ociieuuie:

			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	Yes	
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		Νο
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 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		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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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		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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

orm	990 (2009)			Page 4
Par	Checklist of Required Schedules (continued)			
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		Νο
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
b	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	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		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		Νο
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? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
	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		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			l
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
b	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?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

9320 OLD GEORGETOWN ROAD

BETHESDA, MD 20814 (301) 897-8800

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

Se	ction A. Governing Body and Management				
			Yes	No	
_					
1a	Enter the number of voting members of the governing body				
ь					
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		No	
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		No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
6	Does the organization have members or stockholders?	6	Yes		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	Is there any officer, director, 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	9		Νο	
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)				
	, on a country		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes		
11					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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		Νο	
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		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
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	
ь	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			
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶MD				
18	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. Another's website.				
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. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the GEORGE KANDERSON	ie orga	nızatıor	. ►	

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, and **current** key employees 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, 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 not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
RONALD R BLANCK CHAIRMAN	2 00	х		х				0	0	0	
MICHAEL COWAN BOARD MEMBER	2 00	х						0	0	0	
WILLIAM DUNCAN BOARD MEMBER	2 00	х						0	0	0	
JOYCE JOHNSON BOARD MEMBER	2 00	х						0	0	0	
MICHAEL KUSSMAN BOARD MEMBER	2 00	х						0	0	0	
EDWARD WYATT BOARD MEMBER	2 00	Х						0	0	0	
DUANE TACKITT BOARD MEMBER	2 00	Х						0	0	0	
GEORGE P TAYLOR BOARD MEMBER	2 00	х						0	0	0	
JERRY SANDERS BOARD MEMBER	2 00	Х						0	0	0	
GEORGE ANDERSON executive director	35 00			х				195,500	0	23,104	
STEVEN MIRICK deputy executive director	35 00			х				148,614	0	30,046	
DIANA HEDRICK financial manager	35 00			х				98,986	0	29,380	

Forr	n 990 (2009)			Page 8
1b	Total	0		82,530
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization >2			-
_			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			\(\frac{12.000}{2}\)
		-	orm 99 0	, (2009

Form 99								Page 9
Part \	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated camp	paigns 1a					
gra	Ь	Membership du	es 1b					
ts,	C	-	ents 1c					
<u>#</u>	d		ations 1d					
a Si≘	e	Government grants						ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ons, gifts, grants, and 1f it included above butions included in	8,300				
E E	h			▶	8,300			
				Business Code				
ĬĮ.	2a	CONVENTION		541,800	1,582,187	783,660	36,927	761,600
99 84	ь	DUES		900,099	365,838	365,838		
93	c	PUBLICATION		541,800	211,337	107,281	104,056	
er M	d							
S =	e							
Program Serwce Revenue	f	All other progra	m service revenue					
š	g	Total. Add lines	32a-2f		2,159,362			
	3		ome (including dividend					
			aramounts)	F	216,437			216,437
	4		tment of tax-exempt bond p	proceeds 🕨	FF 202			FF 202
	5	Royalties	(A) D	(v) P	55,392			55,392
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	_c	expenses Rental income						
	d	or (loss)	me or (loss)					
	<u> </u>	Net rental medi	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	1,108,591	(1)				
	ь	than inventory Less cost or other basis and sales expenses	834,889					
	c	Gain or (loss)	273,702					
	d		s)		273,702			273,702
Other Revenue	8a	Gross income fi events (not inc \$ of contributions See Part IV, lin	reported on line 1c)					
<u>Ter</u>	Ь	less direct eve	a penses b					
₹	c		loss) from fundraising 6	events 🕨				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	b c		penses b loss) from gaming activ	/ities▶				
	10a	Gross sales of returns and allo						
	b c	Net income or (oods sold b loss) from sales of inve					
	11-	Miscellaneous		Business Code 900,099	34,637			34,637
	lla b	OTHER income		900,099	34,037			34,037
	C B							
	d	All other revenu						
		Total. Add lines	ı		34,637			
	12	Total revenue.	See Instructions					
					2,747,830	1,256,779	140,983	1,341,768 Form 990 (2009)

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	4,743	4,743					
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	537,545	370,267	167,278				
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	301,240	212,496	88,744				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,597	19,066	6,531				
9	Other employee benefits	47,632	21,361	26,271				
10	Payroll taxes	45,795	31,469	14,326				
11	Fees for services (non-employees)							
а	Management							
b	Legal							
c	Accounting							
d	Lobbying							
е	Professional fundraising See Part IV, line 17							
f	Investment management fees	27,139		27,139				
g	Other	233,983	225,113	8,870				
12	Advertising and promotion	18,141	16,243	1,898				
13	Office expenses	363,756	335,311	28,445				
14	Information technology	106,786	91,571	15,215				
15	Royalties	500	500					
16	Occupancy	47,340	35,508	11,832				
17	Travel	7,534	4,644	2,890				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	694,707	681,627	13,080				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	41,623	31,027	10,596				
23	Insurance	26,073	21,231	4,842				
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	OTHER EXPENSES	22,705	20,477	2,228				
b	TRAINING	5,276	-3,000	8,276				
С	donations	1,575		1,575				
d	PROPERTY TAX	1,522	23	1,499				
e	FEES	11		11				
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	2,561,223	2,119,677	441,546	0			
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							

Pa	rt X	Balance Sheet				
-				(A)		(B)
	1			Beginning of year		End of year
	1	Cash—non-interest-bearing		347,270		193,444
	2	Savings and temporary cash investments	•	162,724	2	521,704
	3	Pledges and grants receivable, net	•		3	
	4	Accounts receivable, net		22,549	4	31,392
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II o				
		Schedule L		6		
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		13,355	8	9,913
	9	Prepaid expenses and deferred charges		224,619	9	216,928
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	1,440,689			
	ь	Less accumulated depreciation	10b 750,132	654,333	10c	690,557
	11	Investments—publicly traded securities	5,817,661	11	6,250,591	
	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 34)		7,242,511	16	7,914,529
	17	Accounts payable and accrued expenses .	120,060	17	87,175	
	18	Grants payable		18		
	19	Deferred revenue	1,127,279	19	1,099,080	
	20	Tax-exempt bond liabilities			20	
Sə	21	Escrow or custodial account liability Complete Part IV of Schedule	e D		21	33,953
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Lia		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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,247,339	26	1,220,208
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lines 27			
(- -3		through 29, and lines 33 and 34.				
lan	27	Unrestricted net assets		5,861,620	27	6,557,634
Fund Balance	28	Temporarily restricted net assets		78,552	28	81,687
돧	29	Permanently restricted net assets		55,000	29	55,000
Fui		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d complete			
٥		lines 30 through 34.				
ţŞ	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 fu	nds		32	
Net	33	Total net assets or fund balances		5,995,172	33	6,694,321
	34	Total liabilities and net assets/fund balances		7,242,511	34	7,914,529

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated basis			
3а	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		No
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)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection

Name of the organization ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES

Employer identification number

OHIL	DOIN								53-002935	5		
Pa	rt I	Reas	on for Pul	blic Charity Stat	us (All org	anızatıons	must comp	lete this pa	art.) See ins	structions		
The	organı	ızatıon is	not a private	e foundation because	tis (For li	nes 1 throug	h 11, check	only one bo	x)			
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of	churches se	ction 170(b)(1)(A)(i).				
2	\sqcap	A scho	school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	\sqcap	A hospi	tal or a coop	perative hospital serv	vice organiza	ation describ	ed in sectio	n 170(b)(1)(A)(iii).			
4	Γ			organization operate cy, and state	ed in conjunc	tion with a h	ospital desc	ribed in sect	ion 170(b)(1)(A)(iii). En	ter the	
5	Γ	-	•	erated for the benefit	_	or university	owned or o	perated by a	governmenta	l unıt descrı	 bed in	
	_		. , . , .	A)(iv). (Complete Pa	•							
6	<u> </u>			local government or	_							
7	ı	describ	ed in	t normally receives a A)(vi) (Complete Pa		part of its s	upport from	a governmer	ntal unit or fro	m the gener	al public	c
8	\sqcap	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Com	olete Part II)				
9	굣	Anorga	nization tha	t normally receives	(1) more tha	in 331/3% o	fits support	from contrib	utions, memb	ership fees,	and gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, ar	nd (2) no more	e than 331/3	% of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ind	come (less s	ection 511 ta	ax) from bus	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 50	9(a)(2). (Co	omplete Part	III)			
10	Γ	An orga	nization org	anized and operated	exclusively	to test for p	ublic safety	See section !	509(a)(4).			
11 e	Г	one or r the box a [more publicly that describ Type I cking this bo	anized and operated y supported organiza pes the type of suppo b Type II ox, I certify that the conmanagers and other	tions describ orting organiz c organization	ped in section and control of the section and control of the section is not control of the section in the section in the section is not control of the section in the section in the section is not control of the section in the secti	n 509(a)(1) omplete lines - Functionall lled directly	or section 5 s 11e throug y integrated or indirectly	09(a)(2) Sec h 11h d by one or mo	Type I	9(a)(3) :II - Ot ed pers	. Check her ons
f		section If the o check t	509(a)(2) rganızatıon r hıs box	received a written de 006, has the organiz	termination f	rom the IRS	that it is a 7	Гуре I, Туре	II or Type II			
g			g persons?	ooo, nas the organiz	acion accept	ed dily gire o	or continuation		or the			
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	persons desc	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	governing body of the	the support	ed organizat	ion?			11 g(i)	
		(ii) a fa	mıly membe	r of a person describ	ed in (i) abov	/e?				11 g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) ab	ove?			11g(ii	i)	
h		Provide	the followin	g information about t	he supporte	d organizatio	n(s)					
(i) Name suppor organiza		te of (ii) (described on col (i) listed in your governing document?			e ion in ted in rning	col (ı) of your col) ne tion in ganized IS?	on in (vii) A mount o		
				(see instructions))	Yes	No	Yes	No	Yes	No		
Tota	ı											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	354,535	255,891	382,675	375,967	374,138	1,743,20
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	1,307,854	1,383,042	1,601,874	1,992,422	1,793,524	8,078,71
3	purpose 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 through 5	1,662,389	1,638,933	1,984,549	2,368,389	2,167,662	9,821,92
	A mounts included on lines 1, 2, and 3 received from disqualified persons						
	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						9,821,92
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	1,662,389	1,638,933	1,984,549	2,368,389	2,167,662	9,821,92
9 10a	· · · · · · · · · · · · · · · · · · ·	1,662,389 175,445	1,638,933 226,618	1,984,549 240,028	2,368,389 272,323	2,167,662 271,829	9,821,92 1,186,24
_	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after						
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	175,445	226,618	240,028	272,323	271,829	1,186,24
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	175,445	226,618	240,028	272,323	271,829	1,186,24
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	175,445	226,618	240,028	272,323	271,829 271,829	1,186,24 1,186,24
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	175,445 175,445 38,736 1,876,570	226,618 226,618 226,618	240,028 240,028 6,785 2,231,362	272,323 272,323 13,095 2,653,807	271,829 271,829 34,637 2,474,128	1,186,24 1,186,24 93,25 11,101,41
10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is incheck this box and stop here Ction C. Computation of Pub	175,445 175,445 175,445 1,876,570 for the organization	226,618 226,618 226,618 1,865,551 on's first, second,	240,028 240,028 6,785 2,231,362 third, fourth, or f	272,323 272,323 13,095 2,653,807	271,829 271,829 34,637 2,474,128	1,186,24 1,186,24 93,25 11,101,41 zation,
10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is incheck this box and stop here	175,445 175,445 175,445 1,876,570 for the organization	226,618 226,618 226,618 1,865,551 on's first, second,	240,028 240,028 6,785 2,231,362 third, fourth, or f	272,323 272,323 13,095 2,653,807	271,829 271,829 34,637 2,474,128	1,186,24 1,186,24 93,25 11,101,41 zation,
10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is incheck this box and stop here Ction C. Computation of Pub	175,445 175,445 175,445 38,736 1,876,570 for the organization	226,618 226,618 226,618 1,865,551 on's first, second,	240,028 240,028 6,785 2,231,362 third, fourth, or f	272,323 272,323 13,095 2,653,807	271,829 271,829 34,637 2,474,128 501(c)(3) organi	1,186,24 1,186,24 93,25 11,101,41 zation,
10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is 10 check this box and stop here ction C. Computation of Pub Public Support Percentage for 2009	175,445 175,445 175,445 1,876,570 for the organization (ic Support Performance) (line 8 column (column (1,865,551 on's first, second, ercentage f) divided by line is	240,028 240,028 6,785 2,231,362 third, fourth, or f	272,323 272,323 13,095 2,653,807	271,829 271,829 34,637 2,474,128 501(c)(3) organi	1,186,24 1,186,24 93,25 11,101,41 zation,
10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is incheck this box and stop here ction C. Computation of Pub Public Support Percentage from 2000 Ction D. Computation of Invention D. Computation D. Compu	175,445 175,445 175,445 1,876,570 for the organization (ilic Support Performance) (iline 8 column (1,865,551 on's first, second, ercentage f) divided by line : art III, line 15 me Percentage	240,028 240,028 6,785 2,231,362 third, fourth, or f	272,323 272,323 13,095 2,653,807 ifth tax year as a	271,829 271,829 34,637 2,474,128 501(c)(3) organi	1,186,24 1,186,24 93,25 11,101,41 zation, 88 470 % 88 820 %
10a b c 111 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is 10 check this box and stop here ction C. Computation of Pub Public Support Percentage for 2009	175,445 175,445 175,445 1,876,570 for the organization (ilic Support Period) (iline 8 column (iline 8 co	226,618 226,618 1,865,551 on's first, second, ercentage f) divided by line : art III, line 15 me Percentage lumn (f) divided b	240,028 240,028 6,785 2,231,362 third, fourth, or f	272,323 272,323 13,095 2,653,807 ifth tax year as a	271,829 271,829 34,637 2,474,128 501(c)(3) organi	1,186,24 1,186,24 93,25 11,101,41 zation,

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data

DLN: 93493117000191

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES 53-0029355 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 for any other purpose conferring 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 a 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) 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 following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe						•					ontinuea)
	items (check all that apply)		_	_								
а	Public exhibition		d	ı	Loan c	rexch	nange prog	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	v the	y furthe	r the o	rganızatıoı	n's ex	empt purp	ose in		
5	During the year, did the organization solicit of	or receive donations	ofar	t, hıs	torical t	reasu	res or othe	rsım	ılar			
	assets to be sold to raise funds rather than t		•								Yes	┌ No
Pa	Part IV, line 9, or reported an an	•			_		n answere	d "Ye	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions c	or other ass	sets n	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	able		Γ			A mou	ınt	
c	Beginning balance						Ī	1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						ļ	1e				
f	Ending balance						ļ	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L	I.		Г	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Yes	s" to f	orm 990	Pari	t IV. line	10.		
	Enaction Fallact	(a)Current Year		Prior			o Years Back		Three Years I) Four Y	ears Back
La	Beginning of year balance	55,000			55,000							
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	55,000			55,000							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment • 100.000 %											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	hat a	are held	and a	dministere	d for t	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		No
Ь	If "Yes" to 3a(II), are the related organizatio							•		3b		
4	Describe in Part XIV the intended uses of th											
Pai	t VI Investments—Land, Buildings	s, and Equipme	nt. S	T					1		I	
	Description of investment) Cost or is (invest		(b) Cost or basis (oth		(c) Accum deprecia		(d) B	ook value
1a	Land		•									
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other						1.44	0,689		750,132		690,557
_							_,					

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,/4/,830
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,561,22
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	186,60
4	Net unrealized gains (losses) on investments	4	512,542
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	512,542
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	699,149
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		•
1	Total revenue, gains, and other support per audited financial statements	1	3,233,23
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 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	512,542
3	Subtract line 2e from line 1	3	2,720,69
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 27,139		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	27,139
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,747,830
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	2,534,084
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	2,534,084
4	A mounts 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 27,139		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	27,139
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,561,22
Pa	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ANNUAL SCHOLARSHIP AND SEAMEN AWARD EARNINGS ON ORIGINAL ENDOWMENT AMOUNTS ARE RESTRICTED BY THE DONORS TO BE USED FOR ANNUAL SCHOLARSHIP AND AWARD PROGRAMS THESE EARNINGS ARE REPORTED AS TEMPORARILY RESTRICTED UNTIL THE EARNINGS ARE UTILIZED
Part X	Description of Uncertain Tax Positions Under FIN 48	On July 1, 2009, the Association adopted the Codification Topic on Accounting for Uncertainty in Income Taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Association may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained upon examination by taxing authorities, based upon the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. Management evaluated the Association's tax positions and concluded that it has taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. With few exceptions, the Association is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities before 2007

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DLN: 93493117000191

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES

Employer identification number

53-0029355

- a	Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropiate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to pro				
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizate reimbursement orprovision of all the expenses described a		1b	Yes	
2	Did the organization require substantiation prior to reimbur officers, directors, trustees, and the CEO/Executive Direct		_		
	officers, directors, trustees, and the CEO/Executive Direct	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses organization's CEO/Executive Director Check all that app				
	Compensation committee	Written employment contract			1
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VI or a related organization	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payme	nt?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental no	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based co	ompensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide t	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	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, line 1a compensation contingent on the net earnings of	, did the organization pay or accrue any			
а	The organization?		6a		Νo
Ь	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, line 1; payments not described in lines 5 and 6? If "Yes," describ		7		No
8	Were any amounts reported in Form 990, Part VII, paid or	•			
	subject to the initial contract exception described in Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebut section 53 4958-6(c)?	able presumption procedure described in Regulations	9		İ

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI: (ii) Bonus & Incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
GEORGE ANDERSON	(I) (II)	195,500 0	0 0	0	22,644 0	4,810 0	222,954 0	0
STEVEN MIRICK	(ı) (ıı)	148,614 0	0	0	17,534 0	16,873 0	183,021 0	0 0

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 Reference	Explanation
	Part I, Line 1a	Companion travel was provided to George Anderson (\$174) and Steven Mirick (\$322)

Schedule J (Form 990) 2009

Software ID: **Software Version:**

EIN: 53-0029355

Name: ASSOCIATION OF MILITARY SURGEONS OF THE

UNITED STATES

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493117000191

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

► Attach to Form 990. Name of the organization ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES

53-0029355

Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		As per Part Section IV of the Bylaws and Constitution Section 1 Members shall be classified as Active, Student, Life, Ex-Officio, Honorary, and Sustaining Section 2 Only Active, Student, Life, and Ex-Officio members are entitled to vote and to hold office. Section 3 Persons and industrial firms become members only after approval by the Board of Managers as defined in the Bylaw's Section 4. The following are eligible to achieve Active membership a. Those who are, or have served at any time in enlisted grades E-5 thru E-9, as warrant officers, or as commissioned officers either Regular, Reserve, or National Guard, or GS-7 or above civilians in the constituent agencies including comparable positions in the U.S. Public Health Service (USPHS) and Department of Veterans Affairs (VA) b. Officers of the military medical services of other nations is Individuals who are, or have been, medical consultants to the Federal Medical Services. Section 5 Student Membership Students enrolled in the Health Professions Scholarship Program (HPSP), or Uniformed Services University of the Health Sciences (USUHS), ROTC, or other federally funded students, or members of the Reserve Components who are students in medical, nursing, dental, etc. school may apply for student membership and take advantage of all the benefits of Active membership Graduate, post-graduate, doctoral, etc. pursuits do not entitle one to student membership. Section 6. Life memberships may be conferred upon Active members who have paid dues continuously for 30 years or upon payment of the Life member dues amount established by the Board of Managers. Section 7. Ex-Officio members of the Association, in accordance with the Congressional Charter of 1903, are the Secretary of the Treasury, the Secretary of the Army, of the Navy, and the Surgeons General of the Army, the Navy, and the Public Health Service. The following are also Ex-Officio members of the Association the Assistant Secretary of Defense for Health Affairs, the Assistant Secretary for Health and Scientific

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section A, line 7a		Election of members of the Board of Managers occurs at the annual Business Meeting. A subcommittee of the Board of Managers reviews and proposes a slate of candidates for the expired terms of Board Members. Nominations from the floor are also taken. The annual Business Meeting occurs during the AMSUS Annual Meeting.		

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section A, line 7b		The General Membership elects the members of the Board and elects the offices of the association at its annual Business Meeting. During the Business Meeting, the Chairman of the Board and the Executive Director provide an annual report of activities of the association including the results of the annual audit. A general description of the investment portfolio and results are also reported.		

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section B, line 11		Completed tax return is given to the Executive Director for review. The Form 990 is then provided to the entire board of directors prior to signing for submission to IRS		

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section B, line 12c		All Board Members are provided with a copy of the Conflict of Interest Policy and are required to complete and sign an acknow ledgement and disclosure form on an annual basis. The policy is provided to each Board Member along with the annual budget	

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section B, line 15		The Board of Manager's appointed LTG Blanck (Vice Chair of the Board) to review and negotiate with Gen Anderson on a salary package at its board meeting in 2007. During the year General Blanck met several times with Gen Anderson. AMSUS provided salary data to General Blanck and he reviewed comparable salaries of CEOs of other military/professional associations. At the 2008 BOM meeting, Gen Blanck provided his report and recommendation to the Board for Gen Anderson's salary for his recent 3 year contract. All salaries of the AMSUS staff are reviewed using ASAE comparability data. We use that along with performance and potential to develop salaries.		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Constitution & Bylaw's are on the association's web site, www amsus org. We do not make other documents available to the public (financial statements, conflict of interest documents)

Additional Data

Software ID:

Software Version:

EIN: 53-0029355

Name: ASSOCIATION OF MILITARY SURGEONS OF THE

UNITED STATES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 4,743 including grants of \$ 4,743) (Revenue \$

EDUCATION PROGRAMS TO FOSTER RESEARCH AND STUDY IN WAYS TO ENHANCE THE PRACTICE AND METHODOLOGY OF HEALTHCARE IN THE FEDERAL ARENA

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OTHER EXPENSES	22,705	20,477	2,228	
TRAINING	5,276	-3,000	8,276	
donations	1,575		1,575	
PROPERTY TAX	1,522	23	1,499	
FEES	11		11	