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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning JULY 01 , 2009, and ending JUNE 30 , 20 10

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
CA SOCIETY OF PLASTIC SURGEONS

Number & street (or P O box, if mail is not delivered to street addr) Room/ suite
3664 SAN PABLO DAM ROAD

City or town, state or country, and ZIP + 4
EL SOBRANTE CA 94803

D Employer identification number
94-1697167

E Telephone number
(510)243-1662

F Group Exemption Number ▶

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

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶N/A

H Check▶ [X] if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J **Tax-exempt status** (check only one) -- [X] 501(c)(6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 417,792

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	173,786
	3	Membership dues and assessments		3	239,355
	4	Investment income		4	4,651
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	417,792
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	184,158
	13	Professional fees and other payments to independent contractors		13	22,324
	14	Occupancy, rent, utilities, and maintenance		14	14,726
	15	Printing, publications, postage, and shipping		15	1,753
	16	Other expenses (describe ▶ SEE ATTACHMENT #1		16	218,127
	17	**Total expenses.** Add lines 10 through 16 ▶		17	441,088
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-23,296
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	612,393
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	589,097

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings and investments	612,213	22	589,213
23	Land and buildings		23	
24	Other assets (describe ▶ SEE ATTACHMENT #2)	296	24	
25	**Total assets**	612,509	25	589,213
26	**Total liabilities** (describe ▶ SEE ATTACHMENT #3)	116	26	116
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	612,393	27	589,097

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

What is the organization's primary exempt purpose? SEE ATTACHMENT #4

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28			
	(Grants $) If this amount includes foreign grants, check here ▶	28a	
29			
	(Grants $) If this amount includes foreign grants, check here ▶	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ▶	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHMENT #5				

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes " attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ CA			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #6 Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

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

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If 'Yes' complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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

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

f Total number of other employees paid over $100 000 ▶

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

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

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date 11/11/10

▶ STEVEN A TEITELBAUM TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ X	Preparer's identifying no (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MICHAEL A. AMARAL CPA 111 JACKSON ST HAYWARD, CA 94544		EIN ▶ Phone no ▶ 510-886-7676	

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
CA SOCIETY OF PLASTIC SURGEONS	94-1697167

Description of Other Expenses	Amount
ANNUAL MEETING	132,669
COMPUTER EXPENSES	283
CREDIT CARDS PROCESSING	6,147
DEPRECIATION	296
DUES	295
FEES	608
GVT RELATIONS	72,359
INSURANCE	3,285
INTERNET	543
MISCELLANEOUS	159
TRAVEL	1,483
Total	218,127

SCHEDULE OF OTHER ASSETS

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization
CA SOCIETY OF PLASTIC SURGEONS

Employer Identification Number
94-1697167

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
FIXED ASSETS	296		
Totals	296		

SCHEDULE OF OTHER LIABLILITIES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization
CA SOCIETY OF PLASTIC SURGEONS

Employer Identification Number
94-1697167

Description of Liability	Beginning of Year	End of Year
EMPLOYEE PAYABLE	116	116
Totals	116	116

PRIMARY EXEMPT PURPOSE

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.	
Name of Organization		**Employer Identification Number**
CA SOCIETY OF PLASTIC SURGEONS		94-1697167

Primary Purpose

GOVERNMENT/PUBLIC PROTECTION AND EDUCATION

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization
CA SOCIETY OF PLASTIC SURGEONS

Employer Identification Number
94-1697167

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
GEOFFREY R KEYES, MD 9201 SUNSET BLVD., STE 611 LOS ANGELES, CA 90069	PRESIDENT 12.00	0	0	0
LARS P ENEVOLDSEN MD 220 WEST ORANGEBURG AVE MODESTO, CA 95350	PRESIDENT ELECT 6.00	0	0	0
JEFFREY L ROSENBERG, MD 1245 WILSHIRE BLVD., STE 601 LOS ANGELES, CA 90017	VICE-PRESIDEN 6.00	0	0	0
ANDREW J KACZYNSKI, MD 77 CADILLAC DR., STE 170 SACRAMENTO, CA 95825	SECRETARY 6.00	0	0	0
STEVEN A TEITELBAUM, MD 1301 20TH STR., STE 350 SANTA MONICA, CA 90404	TREASURY 10.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 6 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

Name of Organization	Employer Identification Number
CA SOCIETY OF PLASTIC SURGEONS	94-1697167

Part V - Line 42a

Individual Name or Business Name: CHRISTINE PAHL

Street Address: 3664 SAN PABLO DAM RD

U S Address

Zip code 94803 City EL SOBRANTE State CA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (510)243-1662

Fax Number