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CHANGE OF ACCOUNTING PERIOD

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending DEC 31, 2010

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

CONGENITAL HEART SURGEONS' SOCIETY

Number and street (or P O box, if mail is not delivered to street address)

900 CUMMINGS CENTER

Room/suite

221-U

City or town, state or country, and ZIP + 4

BEVERLY, MA 01915

D Employer identification number

20-0198863

E Telephone number

978-927-8330

F Group Exemption Number

G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____

I Website. WWW.CHSS.ORG

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 68,021.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	45,100.
	2	Program service revenue including government fees and contracts	2	22,900.
	3	Membership dues and assessments	3	
	4	Investment income	4	21.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,021.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	86,500.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	10,000.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	794.
	16	Other expenses (describe in Schedule O)	16	35,922.
	17	Total expenses. Add lines 10 through 16	17	133,216.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<65,195.>
	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	219,135.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	153,940.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

98-12 12

032171
02-02-11

SCANNED AUG 12 2011

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	246,485.	22	215,031.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	246,485.	25	215,031.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	27,350.	26	61,091.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	219,135.	27	153,940.

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

Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and 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 SEE SCHEDULE O		
(Grants \$ 86,500.) If this amount includes foreign grants, check here ☒	28a	86,500.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	31,544.
30 COMMITTEES - MEETINGS DURING THE YEAR BY VARIOUS MEMBERS WHICH ENHANCE THE MEMBERSHIP BY KEEPING UPDATED ON NEWS AND TECHNIQUES AND PROCEDURES.		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	2,962.
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	121,006.

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

Check if the organization used Schedule O to respond to any question in this 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
RICHARD A. JONAS, M.D., FACS, C/O PRRI, 900 CUMMINGS CENTER, SUITE,	IMEDIATE PAST	PRESIDENT (11/10)		
CARL L. BACKER, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	2.00	0.	0.	0.
JOHN W. BROWN, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	SECRETARY-TREASURER	0.	0.	0.
ERLE H. AUSTIN, III, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	2.00	0.	0.	0.
JEFFREY P. JACOBS, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	PRESIDENT-ELECT (11/10)	0.	0.	0.
MARSHALL L. JACOBS, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	2.00	0.	0.	0.
GARY K. LOFLAND, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	PRESIDENT (11/10)	0.	0.	0.
DUKE E. CAMERON, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	2.00	0.	0.	0.
HENRY L. WALTERS, III, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	DIRECTOR	0.	0.	0.
WILLIAM G. WILLIAMS, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	2.00	0.	0.	0.
J. WILLIAM GAYNOR, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	DIRECTOR	0.	0.	0.
VICTOR MORELL, M.D., C/O PRRI, 900 CUMMINGS CENTER, SUITE, BEVERLY, MA	2.00	0.	0.	0.
	DIRECTOR (11/10)	0.	0.	0.
	2.00	0.	0.	0.
	DIRECTOR	0.	0.	0.
	2.00	0.	0.	0.
	DIRECTOR (11/10)	0.	0.	0.
	2.00	0.	0.	0.
	DIRECTOR	0.	0.	0.
	2.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ IL, MA		
42a The organization's books are in care of ▶ PRRI Telephone no ▶ 978-927-8330 Located at ▶ 900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA ZIP + 4 ▶ 01915		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990-EZ (2010)

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

	Yes	No
47		X
48		X
49a		X
49b		

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

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

b If "Yes," was the related organization a section 527 organization?

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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.

Sign Here

Signature of officer

Date

CARL L. BACKER, M.D., SECRETARY-TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

RAYMOND L. ANTISS, JR.

Preparer's signature

RAYMOND L. ANTISS

Date

06/16/11

Check ☐ if self-employed

PTIN

Firm's name ANTISS & CO., P.C.

Firm's EIN

Firm's address 1115 WESTFORD STREET
LOWELL, MA 01851

Phone no (978) 452-2500

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

☒ Yes ☐ No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	294,052.	270,500.	269,500.	347,760.	27,600.	1209412.
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 purpose	7,025.	11,750.		51,550.	40,440.	110,765.
3 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	301,077.	282,250.	269,500.	399,310.	68,040.	1320177.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts 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	15,000.	10,000.			5,000.	30,000.
c Add lines 7a and 7b	15,000.	10,000.			5,000.	30,000.
8 Public support. (Subtract line 7c from line 6)						1290177.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	301,077.	282,250.	269,500.	399,310.	68,040.	1320177.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,424.	2,461.	3,690.	1,000.	21.	17,596.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,424.	2,461.	3,690.	1,000.	21.	17,596.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	500.					500.
13 Total support. (Add lines 9, 10c, 11, and 12)	312,001.	284,711.	273,190.	400,310.	68,061.	1338273.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	96.41 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	93.88 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.31 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.32 %

19a 33 1/3% support tests - 2010. 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 - 2009.** 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 ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CONGENITAL HEART SURGEONS' SOCIETY

Employer identification number
20-0198863

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST & DIVIDENDS

21.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: RESEARCH GRANT

GRANTEE NAME: CHSS DATA CENTER, HOSPITAL FOR SICK CHILDREN

GRANTEE ADDRESS: 555 UNIVERSITY AVE TORONTO, CANADA

AMOUNT GIVEN:

86,500.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

CONFERENCES

31,544.

TELEPHONE

203.

STORAGE

12.

COMMITTEES

2,962.

SUPPLIES

144.

BANK FEES

1,042.

FILING FEES

15.

TOTAL TO FORM 990-EZ, LINE 16

35,922.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

PREPAID DUES

250.

51,500.

DEFERRED REVENUE

27,100.

0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

CONGENITAL HEART SURGEONS' SOCIETY

Employer identification number
20-0198863

ACCOUNTS PAYABLE 0. 9,591.

TOTAL TO FORM 990-EZ, LINE 26 27,350. 61,091.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ASSOCIATE PERSONS
INTERESTED IN, AND CARRY ON ACTIVITIES RELATED TO, THE SCIENCE AND
PRACTICE OF CONGENITAL HEART SURGERY, TO SPONSOR AND OVERSEE
MULTI-INSTITUTIONAL CLINICAL STUDIES EVALUATING THE APPLICATION OF
SURGICAL INTERVENTIONS IN CONGENITAL HEART DISEASE, TO ENCOURAGE AND
STIMULATE INVESTIGATION AND STUDY THAT WILL INCREASE THE KNOWLEDGE OF
CONGENITAL CARDIAC PHYSIOLOGY, PATHOLOGY AND THERAPY, AND TO CORRELATE
AND DISSEMINATE SUCH KNOWLEDGE, TO HOLD SCIENTIFIC MEETINGS FEATURING
FREE DISCUSSION OF PROBLEMS AND DEVELOPMENTS RELATING TO CONGENITAL
HEART SURGERY, AND TO SUCCEED TO, AND CONTINUE TO CARRY ON THE
ACTIVITIES FORMERLY CONDUCTED BY THE CONGENITAL HEART SURGEONS
SOCIETY, AN UNINCORPORATED ASSOCIATION.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
MEMBERSHIP CHSS DATA CENTER FOLLOWS THE PROGRESS OF
CONGENITAL HEART PATIENTS, PROVIDING RESULTS TO THE MEMBER
INSTITUTIONS IN ORDER FOR THEM TO SEE THE LONG-TERM
RESULTS, COMPLICATIONS, AND ADDITIONAL TREATMENTS AFTER SURGERY.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:
ANNUAL SCIENTIFIC MEETINGS FEATURE FREE DISCUSSION OF
PROBLEMS AND DEVELOPMENTS RELATING TO CONGENITAL HEART
SURGERY, ALLOWING PHYSICIANS TO LEARN THE LATEST

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CONGENITAL HEART SURGEONS' SOCIETY

Employer identification number
20-0198863

TECHNIQUES AND STAY ABREAST OF ANY IMPROVEMENTS IN THEIR FIELD.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization CONGENITAL HEART SURGEONS' SOCIETY	Employer identification number 20-0198863
	Number, street, and room or suite no. If a P.O. box, see instructions. 900 CUMMINGS CENTER, NO. 221-U	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY, MA 01915	

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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- The books are in the care of ► **900 CUMMINGS CENTER, SUITE 221-U - BEVERLY, MA 01915**
Telephone No. ► **978-927-8330** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2010**, and ending **DEC 31, 2010**

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☒ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)