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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

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

C Name of organization
Central Surgical Association

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
5810 W 140th Ter

City or town, state or country, and ZIP + 4
Overland Park, KS 66223

D Employer identification number
38-6077274

E Telephone number
(913) 402-7101

F Group Exemption Number ▶

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

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶

J **Tax-exempt status** (check only one) - ☐ 501(c) (3) ☒ 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 $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 ▶ $ 192,632

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	98,163
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	94,400
	4	Investment income	4	69
	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	Gaming and fundraising events		
	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 exceed $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	192,632
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	34,200
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	6,114
	16	Other expenses (describe in Schedule O)	16	145,923
	17	**Total expenses.** Add lines 10 through 16 ▶	17	186,237
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,395
	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	172,426
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(850)
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	177,971

16f

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 X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	154,951	22	169,664
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	19,350	24	22,607
25 **Total assets**	174,301	25	192,271
26 **Total liabilities** (describe in Schedule O)	1,875	26	14,300
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	172,426	27	177,971

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 . . . . . ☐

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

What is the organization's primary exempt purpose? Annual meeting for surgeons

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, or other relevant information for each program title

28 The organization holds an annual meeting that is used as a forum to exchange ideas regarding surgical trends and techniques

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 148,380

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 (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 148,380

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
See attached list 5810 W 140th Ter, Overland Park KS 66223	See attached li 10	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," attach a detailed description of each activity in Schedule O	33		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)	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, 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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
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
37 a	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
38 a	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?	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			
40 a	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 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	40b		
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 ▶ _____			
42 a	The organization's books are in care of ▶ LP Etc Telephone no ▶ 913-402-7101			
	Located at ▶ 5810 W 140th Ter Overland Park, KS ZIP + 4 ▶ 66223			
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 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		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 must be completed instead of Form 990-EZ	45a		X
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	46		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 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 ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

C. McHenry
Signature of officer

01-25-2011
Date

CHRISTOPHER R. MCHENRY
Type or print name and title

2-11-2011 ~~1-25-2011~~

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JANET HOUCHEN, CPA		01-25-2011		
	Firm's name ▶ Meridian Business Services, LLC			Firm's EIN ▶	
	Firm's address ▶ P.O. Box 1125 Louisburg KS 66053			Phone no 913-837-4230	

May the IRS discuss this return with the preparer shown above? See Instructions ▶ ☐ Yes ☒ No

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

Central Surgical Association

Employer identification number

38-6077274

01. Description of other expenses (Part I, line 16)

Description	Amount
Administrative Expenses	11,979
Program Book/Membership Directory	4,359
Surgery Journal Fee	20,895
Taxes & Licenses	415
Telephone/Fax	908
Website Development	2,650
Annual Meeting Expenses	92,655
Executive Committee	1,527
Contributions	1,000
Executive Council Meeting	7,685
Annual Meeting	1,850

02. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
Change in Due to CSAF; prior perid	(850)

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
Prepaid Expenses	19,350	22,607

04. Description of total liabilities (Part II, line 26)

	Beginning

Name of the organization: Central Surgical Association

Employer identification number: 38-6077274

Category	of Year	End of Year
Deferred Revenue	1,875	14,300

Council		Office/Position	Last Name	First Name	Email	Institution	Address1	Address2	Address3	City	ST	Zip Code	Country	Phone Number	Term
x	Executive Committee	President	Nussbaum	Michael	michael nussbaum@jax ufl edu	University of Florida College of Medicine at Jacksonville	653 W 8th Street	3rd Floor Faculty Clinic		Jacksonville	FL	32209	USA	904-244-5502	2010-2011
x	Executive Committee	President Elect	Fried	Gerald	gerald fried@mcgill ca	McGill University Health Centre	Montreal General Hospital	1650 Cedar Avenue	#L9-309	Montreal	Quebec	H3G1A	Canada	514-934-8044	2010-2011
x	Executive Committee	Secretary	Soper	Nathaniel	nsoper@nmh org	Northwestern Medical	Faculty Foundation	251 E Huron Street	Galter 3-150	Chicago	IL	60611	USA	312-926-4962	2009-2012
x	Executive Committee	Treasurer	McHenry	Christopher	cmchenry@metrohealth org	MetroHealth Medical Center	2500 MetroHealth Drive			Cleveland	OH	44109	USA	216-778 4753	2008-2011
x	Executive Committee	Recorder	Larson	Gerald	Gmlars01@louisville ed u	University of Louisville	550 S Jackson Street	2nd Floor ACB		Louisville	KY	40292	USA	502-852-5452	2007-2012
x	Councilor		Luchette	Fred	fluchet@lumc edu										2008-2011
x	Councilor		Wahl	Wendy	wtwahl@med umich edu	University of Michigan	Trauma Burn/Emergency Service	1500 E Medical Center Drive	1B407UH	Ann Arbor	MI	48109	USA	734-936-9666	2009-2012
x	Councilor	Immediate Past President	Turnipseed	William	turnip@surgery wisc edu	University of Wisconsin Medical School	600 Highland Avenue	G5/327 CSC		Madison	WI	53792	USA	608 263 1388	2011
x	Representative	ABS	Michelassi	Fabrizio	fam2006@med cornell e du	Weill Medical College of Cornell University	Dept of Surgery	525 East 68th Street	Mailbox 129	New York	NY	10021	USA	212-746 5144	2006-2012
x	Representative	Bd Of Governors - ACS	Rikkers	Layton	rikkers@surgery wisc edu	University of Wisconsin	600 Highland Avenue	HR/710		Madison	WI	53792	USA	608 265 6854	2008 2011
x	Representative	Adv Council for Surgery - ACS	Ellison	E Christopher	christopher ellison@osun	Ohio State University	327 Means Hall	1654 Upham Drive		Columbus	OH	43210	USA	614-293-8701	2007-2013
x	Program Committee	Chair	Mahvi	David	dmahvi@nmh org	Northwestern University	Feinberg School of Medic	Galter 10-105		Chicago	IL	60611	USA	312-695 1419	2008-2011
	Program Committee		Yen	Tina	tyen@mcw edu	Medical College of Wisco	9200 Wisconsin Avenue			Milwaukee	WI	53226	USA	414-805-5495	2009-2011
	Program Committee		Melvin	W Scott	scott melvin@osumc edu	Ohio State University	410 W 10th Avenue	N729 Doan Hall		Columbus	OH	43210	USA	614-293-9989	2008-2011
	Program Committee		Upchurch Jr	Gilbert	gru6n@virginia edu										2009 2012
	Program Committee		Schmidt	C Max	maxschmi@iupui edu	Indiana University Schoo	545 Barnhill Drive	Emerson Hall, 5th Floor		Indianapolis	IN	46202	USA	317-278-8349	2009-2012
	Program Committee	Ex Officio	Gruber	Scott	Scott Gruber@va gov	Harper University	3990 John R, Suite 400			Detroit	MI	48201	USA	313-745-7319	2010 2011
	Program Committee	Secretary	Soper	Nathaniel	nsoper@nmh org	Northwestern Medical	Faculty Foundation	251 E Huron Street	Galter 3-150	Chicago	IL	60611	USA	312-926-4962	Ex Officio
	Program Committee	Recorder	Larson	Gerald	Gmlars01@louisville ed u	University of Louisville	550 S Jackson Street	2nd Floor ACB		Louisville	KY	40292	USA	502-852-5452	Ex Officio
	Program Committee		Eskandari	Mark	meskanda@nmh org	Northwestern University	Feinberg School of Medic	676 N St Clair	Suite 650	Chicago	IL	60611	USA	312-695-2716	2010-2013
	Program Committee		Weigel	Ronald	ronald-weigel@uiowa edu	University of Iowa	200 Hawkins Drive	1516 JCP		Iowa City	IA	52242	USA	319-353-7474	2010-2013
x	Membership Advisory	Chair	Cogbill	Thomas	thcogbill@gundluth org	Gundersen Lutheran	1836 South Avenue			LaCrosse	WI	54601	USA	608-782-7300,x5276	2008 2011
	Membership Advisory	Secretary	Soper	Nathaniel	nsoper@nmh org	Northwestern Medical	Faculty Foundation	251 E Huron Street	Galter 3-150	Chicago	IL	60611	USA	312-926-4962	Ex Officio
	Membership Advisory		Courcoulas	Anita	courcoulasap@upmc ed u	University of Pittsburgh	3380 Boulevard of the All	Suite 390		Pittsburgh	PA	15213	USA	412-641-3678	2008 2011
	Membership Advisory		Kim	Julian	julian kim@uhhospitals o	University Hospitals Heal	11100 Euclid Avenue			Cleveland	OH	44106	USA	216-844-8247	2008-2011
	Membership Advisory		Steinberg	Steven	Steven steinberg@osume	Ohio State University	410 W 10th Avenue	Doan Hall N-717		Columbus	OH	43210	USA	614-293-3185	2008-2011
	Membership Advisory		Chagpar	Anees	anees chagpar@yale e	Yale University							USA		2009-2012
	Membership Advisory		Evans	Doug	devans@mcw edu	Medical College of Wisco	9200 Wisconsin Avenue	Suite 3510		Milwaukee	WI	53226	USA	414-805-5706	2010-2013
	Membership Advisory		Gould	Jon	gould@surgery wisc edu	University of Wisconsin	600 Highland Avenue	H4/728 CSC		Madison	WI	53792	USA	608-263-1036	2010-2013
	Membership Advisory		Mansour	M Ashraf	ashmans2@aol com	Michigan State University	221 Michigan St NE	Suite 200A		Grand Rapids	MI	49503	USA	616-391-1691	2010-2013
	Membership Advisory		Wilhelm	Scott	scott wilhelm@uhhospita	University Hospitals/Case	Dept of Surgery	11100 Euclid Avenue		Cleveland	OH	44106	USA	216-884-8283	2010-2013
x	Auditing Committee	Chair	Tefera	Girma	tefera@surgery wisc edu	University of Wisconsin	600 Highland Avenue	G5/319 CSC		Madison	WI	53792	USA	608-263-1388	2010-2011
	Auditing Committee		Breslin	Tara	tarabres@umich edu	University of Michigan	1500 E Medical Center D	SPC 5932		Ann Arbor	MI	48109	USA	734-936-5827	2010-2011
x	Nominating Committee	Chair	Ellison	E Christopher	christopher ellison@osun	Ohio State University	327 Means Hall	1654 Upham Drive		Columbus	OH	43210	USA	614 293-8701	2008 2011
	Nominating Committee		Bell Jr	Richard	rbell@absurgery org	American Board of Surge	1617 John F Kennedy Bl	Suite 860		Philadelphia	PA	19103	USA	215-568-4000	2009-2012
	Nominating Committee		Turnipseed	William	turnip@surgery wisc edu	University of Wisconsin Medical School	600 Highland Avenue	G5/327 CSC		Madison	WI	53792	USA	608-263-1388	2010-2013
	Nominating Committee		Dalsing	Michael	mdalsing@iupui edu	Indiana University Schoo	1801 N Senate Blvd	D3500		Indianapolis	IN	46202	USA	317-962-0280	2010
	Nominating Committee		DeBord	James	jdebord@peoriasurgical c	University of Illinois-Peor	1001 Main Street	Suite 300		Peoria	IL	61606	USA	309-495 0224	2010

x	Local Arrangements Chair		Gruber	Scott	Scott.Gruber@va.gov	Harper University	3990 John R, Suite 400			Detroit	MI	48201	USA	313-745-7319	2011
	Local Arrangements Chair		Turnipseed	William	turnip@surgery.wisc.edu	University of Wisconsin Medical School	600 Highland Avenue	G5/327 CSC		Madison	WI	53792	USA	608-263-1388	2012
	Association Management		Lowry	Nonie	nonie@centralsurg.org		5810 W. 140th Terrace			Overland Park	KS	66223	USA	913 402-7102	2014