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Form **§90-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

Open to Public Inspection

Form 990-EZ (2010

Α	For th	ne 2010 caleng	dar year, or tax year beginning	12/1/2010	, and ending		11/30/2011			
<u>B</u>	7		C Name of organization	of organization			D Employer identification number			
<u></u>	Addres	s change	Rocky Mountain Neurosurgical Society Inc				23-7417448			
	Name o		Number and street (or P O box, if mail is not delivered		Room/sur	te E Te	lephone numbe			
L	Initial re		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Termin	ated	175 North Medical Drive East	state or country	5229		(801) 5	81-6550		
	Amend	led return	F G	F Group Exemption						
	Applica	tion pending	No	ımber ▶						
	Λοςοιι	nting Method	Salt Lake City X Cash Accrual Other (speci	UTAH fv). ▶	84132-2303	H Chaol	✓ ► ▼ if th	e organization is		
ı	Websi		Accidal Other (speci					ch Schedule B		
٠.]	ı	990, 990-EZ			
	ax-exe	mpt status (chec	ck only one) — X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or527	(, , , , ,				
Κ	Check	▶ if the c	organization is not a section 509(a)(3) supporting	g organization <mark>and</mark>	its gross receipts are	normally i	not more thai	n \$50,000		
	A Form	1 990-EZ or Foi	rm 990 return is not required though Form 990-N	N (e-postcard) may	be required (see inst	ructions)	But if the orga	anization chooses		
			e to file a complete return							
L	Add line	es 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross	s receipts are \$200	0,000 or more, or if tot	al assets				
			B) below) are \$500,000 or more, file Form 990 i				▶\$	118,020		
Р	art l		e, Expenses, and Changes in Net As					art I.)		
		Check if	the organization used Schedule O to re	espond to any c	question in this Pa	rtl				
	1	Contribution	is, gifts, grants, an <mark>d similar amounts rec</mark> eiv	<i>r</i> ed			1	48,000		
	2	Program se	rvice revenue including government lees a	ind contracts			2	56,902		
	3	Membership	dues and assessments				3	9,900		
	4	Investment	income) Õ			4	668		
	5a	Gross amou	unt from sale of assets other than inventor	/ · [6] ·	5a					
	b	Less: cost of	or other basis and sales expenses		5b		1			
Ð	С	Gain or (los	s) from sale of assets other than inventory	(Subtract line 5t	o from line 5a)		5c	0		
5	6	Gaming and	I fundraising events							
Revenue	a		ne from gaming (attach Schedule G if grea							
ď					6a					
	þ		ne from fundraising events (not including \$		of contributions					
			ising events reported on line 1) (attach Sch		1 . 1					
			gross income and contributions exceeds	· ·	6b					
			expenses from gaming and fundraising eve or (loss) from gaming and fundraising eve		6c					
	d		Cl	C-	0					
	7-		of inventory less returns and allowers		1 70	• •	6d	0		
	1 .		of inventory, less returns and allowances of goods sold		7a 7b					
	b		or (loss) from sales of inventory (Subtract	line 7h from line			7c	0		
	8 8		us (describe in Cabadule O)			•	8	2,550		
	9		iue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.				9	118,020		
	10	Grants and	similar amounts paid (list in Schedule O)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		10			
2016 5	11		d to or for members				11			
ျှ လွ		Salaries, oth	ner compensation, and employee benefits				12			
UN 6 1 Expenses	13		I fees and other payments to independent				13	250		
JUIN ⊿ Expen	14						14			
S W C	15	Printing, pul	blications, postage, and shipping				15	954		
ب	16	Other exper	nses (describe in Schedule O)				16	65,825		
3			· · · · · · · · · · · · · · · · · · ·		<u> </u>	. •	17	67,029		
م زيا	18	Excess or (d	deficit) for the year (Subtract line 17 from li				18	50,991		
se€	19		or fund balances at beginning of year (from		(A)) (must agree w	rith				
Z S			figure reported on prior year's return)				19	98,444		
SCANNE Net Assets	20	Other chang	ges in net assets or fund balances (explain				20			
01Z	21		or fund balances at end of year Combine I			_	21	149,435		

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

	990-EZ (2010) Rocky Mountain Neurosurg				23-7417	7448	Page 2
Par	Balance Sheets. (see the instructions fo	r Part II)					
	Check if the organization used Schedule O to	respond to any question in	this Part II.				🗌
				(A) Begi	ning of year		(B) End of year
22	Cash, savings, and investments			· · · · · ·	98,444	22	149,435
23			F			23	
24	Other assets (describe in Schedule O)					24	
25	Total assets		. [98,444	25	149,435
26	Total liabilities (describe in Schedule O)		. [26	
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21)		98,444	27	149,435
Pa	rt III Statement of Program Service Acco	mplishments (see the in	structions	for Par	t III)		Expenses
	Check if the organization used Schedu	ule O to respond to any qu	estion in tl	nis Par	t III 🔃 🗎		uired for section
Wha	t is the organization's primary exempt purpose?	see below)(3) and 501(c)(4) stations and section
	ribe what was achieved in carrying out the organization's		nd concise m	anner, d	escribe	4947((a)(1) trusts, optional
	ervices provided, the number of persons benefited, and	- · · · · · · · · · · · · · · · · · · ·				for oth	hers)
	Annual Education and Scientific Meeting						
	Taos, New Mexico June 18-22, 2011						
	38 attendees						
		nt includes foreign grants, ch	neck here .		>	28a	56,013
29	Winter Executive Meeting			<i></i> .			
	Las Vegas, Nevada January 14 and 15, 2011						
	12 attendees				·····		ļ
	(Grants \$) If this amou	nt includes foreign grants, ch	neck here .	<u> </u>		29a	9,812
30	• • • • • • • • • • • • • • • • • • • •						
					····		Ì
		nt includes foreign grants, ch			<u> </u>	30a	
	Other program services (describe in Schedule O)						
	<u></u>	nt includes foreign grants, ch			<u> </u>	31a	
	Total program service expenses. (add lines 28a					32	65,825
_₽a	t IV List of Officers, Directors, Trustees, and	• •				the ins	structions for Part IV.)
	Check if the organization used Schedule O					• •	· · · <u>L</u>
	(a) Name and address	(b) Title and average hours per week	(c) Compe (if not p		(d) Contributi employee benefi		(e) Expense account and
	(-)	devoted to position	enter -	•	deferred compe	,	other allowances
Dr. F	Randy Jensen	Title President					
		Hr/WK .00		0	none		none
Dr J	oseph Beshay	Title Vice-President					
		Hr/WK 00		0	none		none
Dr. F	Richard Day	Title Secretary					
		Hr/WK .00		0	none		none
<u>Dr</u> F	Paul House	Title Treasurer					
		Hr/WK .00		0	none		none
		Title	<u> </u>	_			
		Hr/WK .00		0			
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Form 990-EZ (2010)

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 (see instructions) 34 Were any significant changes made to the organization or governing documents? If "Yes," affacts 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) 35 If the eigenization in a come from business activities, such as those reported on kines 2, 6s, and 7a (among others), but not reported on Form 990-T explain an Schedule O (why the organization's name Otherwise, explain the change on Schedule O (see instructions) or form 990-T (a) (b) (o) (o) (o) (o) (o) (o) (o) (o) (o) (o		Check if the organization used Schedule O to respond to any question in this Part V.	•		
description of each activity in Schedule O Were any septificant 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) If the organization had income from business activities, such as those reported on fines 2, 8a, and 7a (among others), but not reported on from 990-T, explain in Schedule O (with the organization had income from 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was if a section \$01(c)(4), 501(c)(6), or 501(c)(6)				Yes	No
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)	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
socy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34			33		X
thange on Schedule O (see instructions) If the organization had income from business activities, such as those reported on hines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization on the provided on Form 990-T. Activation in Schedule O why the organization on the organization of the unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(5) or 501(c)(5). If Yes,' has it filled a tax return on Form 990-T for this year (see instructions)? If Yes,' and it filled a tax return on Form 990-T for this year (see instructions)? If Yes,' and organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete applicable parts of Schedule N. 35a	34		1		
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 Schedulc 0 why the organization of the income on Form 990-T or 10 bid 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), or 501(c)(6) or 500-501 or bid the organization undergo a liquidation, dissolution, termination, or significant disposition of nel assets during the year? If Y'es', complete applicable parts of Schedule N. 3 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 36			1		v
not reported on Form 990-T explain in Schedule O why the organization and ont 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)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filled a tax return on Form 990-T for this year (see instructions)? 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. 35a	25		34		X
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 803(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 10 the organization undergo a liquidation, discoslution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 73 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b	33				
So1(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If Yes,** Than it filled at ax return on Form 990-1 for this year (see instructions)? 10 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphiltable paths of Schedule N. 27 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 37 b X 38 b X 37 b X 38 b X 3	а	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," has it filed a lax return on Form 990-T for this year (see instructions)? 50 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. 51 a Enter amount of political expenditures, direct or indirect, as described in the instructions.▶■ 37a ■ 51 b Did the organization beform 1120-PCL for this year? 52 b Did the organization beform 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? 52 b If "Yes," complete Schedule L, Part II and enter the total amount involved 53 Section 501(c)(7) organizations. Enter: 54 Initiation fees and capital contributions included on line 9 55 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 56 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part1. 56 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 57 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 58 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization aparty to a prohibited tax shelter transaction of If "Yes," complete Form 8888-T. 58 Located at ▶ 175 N. Medical Dr. East #5229 City, Salt Leke City St. Type. 59 Section 501(c)(3) organization sections and	_		35a		х
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Spendpleable parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.▶ 37a 38 bit the organization file Form 1120-POL for this year? 39 bit of the organization 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? 38 lift were completed Schedule L, Part II and enter the total amount involved 38 section 501(c)(7) organizations Enter: 38 cestion 501(c)(7) organizations Enter: 39 Gross receipts, included on line 9, for public use of club facilities 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ section 4912 ▶ section 4914 ▶ section 4915 ▶ section 4912 ▶ section	b				-
The ramount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 990-EZ. Did the organization meants and sulf outstanding at the end of the tax year covered by this return? 37b	36				
b Did the organization file Form 1120-POL for this year? 37b			36		Х
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? b If Yes, 'complete Schedule L, Part II and enter the total amount involved SBB Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ section 4912 ▶ section 4911 ▶					· ,
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b to Gross receipts, included on line 9, for public use of club facilities. 39b to Gross receipts, included on line 9, for public use of club facilities. 39b to Gross receipts, included on line 9, for public use of club facilities. 39b to Gross receipts, included on line 9, for public use of club facilities. 39b to Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization in a prior year that has not been reported on any of its pror Forms 990 or 990-EZ7 II*Ves," complete Schedule L, Part I. 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 rembursed 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. List the states with which a copy of this return is filed. ▶ NONE 12p + 4 ▶ 84132-2303 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Filinancial Accounts. 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 ▶ See the instructions for exceptions and fili					X
b If "Yes," complete Schedule L, Part If and enter the total amount involved	38 a				
Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a b Gross receipts, included on line 9, for public use of club facilities 39b cection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ section 4912 ▶ 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. 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 rembursed 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 886-T. List the states with which a copy of this return is filed. ▶ NONE Located at ▶ 175 N Medical Dr. East #9229 City Salt Lake City St. UTAH ZIP + 4 ▶ 84132-2303 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 ∨ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the name of the foreign country ∨ 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. Yes Ni Yes N	L		38a		
a Intitation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b 39c 39c 39c 39c 39c 39c 39c			-	ادر ب	
b Gross receipts, included on line 9, for public use of club facilities 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-E2? If "Yes," complete Schedule L, Part 1 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. List the states with which a copy of this return is filed. ▶ NONE 12 a The organization's books are in care of ▶ taxpayer. Telephone no. ▶ (801),581-6908. Located at ▶ 175 N Medical Dr. East #5229 Cty. Self Lake City. ST. UTAH. If the 4 Pet 4122 and Francial 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. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial Accounts. 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the dealendar year did the organization maintain an office outside of th			11	ي چوو	\$2
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section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an expess benefit transaction during the year, or did it engage in an expess 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. 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. List the states with which a copy of this return is filed. ▶ NONE 12 The organization's books are in care of ▶ taxpayer					
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. 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. 12 a The organization's books are in care of laxpayer Located at located at location's books are in care of laxpayer Located at located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Located at location's books are in care of laxpayer Telephone no. (801) 581-6908 2ip 406 X 2ip 4 4 location's books are in care of laxpayer Telephone no. (801) 581-6908 2ip 4 5 84132-2303 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 location and filing requirements for Form TD F 90-22.1, Report of F					
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Form 990-EZ (20		explanation in Ochequie O		90-F	Z (2010

Form 99	0 EZ (20	010)	Rocky N	Mountain N	leurosurgical	Society In	nc						23-74174	48	Page 4
														Yes	
45	Is any	related orga	ınızation	a controll	ed entity of th	ne organiza	ation within the r	near	ning (of section 51	l2(b)(1	3)?	45		X
		Did the organization receive any payment from or engage in any transaction with a controlled entity within the													
	meani	neaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of													3
	Form 9	Form 990-EZ													X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition														
					es," complete								46		<u> </u>
Part	VI	Section 50	1(c)(3)	organiza	tions and	section 4	947(a)(1) none	exer	mpt	charitable	trusts	only. A	Il section	1	
							onexempt char								
		and 52, and	compl	lete the ta	bles for line	s 50 and	51					•			
		Check if the	e organ	ızation us	ed Schedul	e O to res	spond to any qu	uest	tion i	n this Part`	VI .,				
		 -												Yes	No
47	Did the	e organizatio	n engac	ie in lobby	ing activities	? If "Yes."	complete Sched	ule (C. Pa	ırt II			47		X
		-			-		•						10		X
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									49a		X			
		-		-	a section 52	•		_					49b		
				_		_	ensated employe	es ((othe	r than office	rs, dire	ctors, trus	stees and	key	
	emplo	yees) who e	ach rece	eived more	than \$100,0	00 of com	pensation from t	he o	rgani	ization. If the			r "None."	ı	
<u>.</u>	(a) N	ame and address	s of each o	mployee soud	more		itle and average ours per week		(c) C	ompensation		contributions to be benefit plans		Expen	
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City			ST	ZIP	1 0100	Hr/WK	(00			<u> </u>				
	Total number of other employees paid over \$100,000												_		
	Complete this table for the organization's five highest compensated independent contractors who each received mo \$100,000 of compensation from the organization. If there is none, enter "None."											nore than	1		
	\$ 100,t				organization endent contractor			me.		(b) Tur	e of serv	uce T	(c) Co	mpensat	tion
Namo	None	(a) Name an	u address (or each much	·····	paid more tri	an \$100,000		\dashv	(0) 191		-	(0) 001	препза	
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d	Total r	number of ot	her inde	pendent c	ontractors ea	ich receivi	ng over \$100,00	0.		. ->					
52	Did the	e organizatio	n compl	lete Sched	ule A? Note:	: All sectio	n 501(c)(3) orga	nıza	tions	and 4947(a)(1)			_	7
	nonex	empt charita	ble trust	s must att	ach a comple	eted Sched	dule A						►	es 🛚 X	No
							ding accompanyin								
and be	lief, it is	true, correct,	anti-co/m	plete Deck	aration of prep	arer (other t	than officer) is bas	ed or	n all ir	formation of	which p	reparer ha	s any knov	<u>vledge</u>	
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Here		<u>+</u>	anl	Honse	Jros	shici	of RMN	<u> </u>		5/	15/	12			
		Type or prin			,										
Paid		Print/Type prep	arer's nam	е	Prepar	s signature	A =	•		Check if self-		PTIN			
Prepar	ایری	Fred T Wur	ıderlı		171	1 Would	un CPA!	<u>5/8/2</u>	2012	employed	~	P001785			
Use O		Firm's name	•	Terry Pr	ce & Wunde	rli LLC						EIN ► 20-	2097679		
U38 U	'''y	Firm's address		4460 S.	Highland Dr	Suite 330	, Salt Lake City,	UT	841	24	Phone	no (80	1) 272-89	<u> 990</u>	
May th	ne IRS	discuss this	return v	vith the pre	eparer showr	above? S	See instructions						► X Y	es 🗌] No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2010

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Name of the or	•							Employe	r identificat		er		
		surgical Society	4b.o	23-7417448									
Part I			arity Status (All org						struction	15.			
		•	rches, or association of		_		-	-	3.				
===			on 170(b)(1)(A)(ii). (At						,-				
			hospital service organi		-	section	170(b)(1)	(A)(iii).					
4 🔲 A	medical re	· ·	ation operated in conju						(b)(1)(A)	(iii), En	ter the		
5 🔲 A	n organizat	ion operated fo	r the benefit of a colle (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ui	nit desci	ribed		
			ernment or governme	ntal unit d	lescribed i	in section	n 170(b)(1)(A)(v).					
7 🗍 A	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
			d in section 170(b)(1)	•	omplete F	Part II.)							
9 X A	n organizat eceipts from upport from	tion that normall n activities relate i gross investme	ly receives: (1) more the dot its exempt function of the time and unrelated after June 30, 1975.	han 33 1/3 ons—subj ted busin	3% of its s ject to cert ess taxabl	support fro tain excep e income	ptions, an (less sec	id (2) no r ction 511 t	nore thar	33 1/3	% of its		
	•	•	•		• •		•	•	4).				
11 A po 56 a a e B po 56 f If or g S fo (ii the point)	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a												
organiz	zation		(described on lines 1–9 above or IRC section (see instructions))	governing	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		tion in col zed in the S?	(vii) Amount of support			
(A)				Yes	No	Yes	No	Yes	No	 			
(B)										 		0	
(C)						<u> </u>						0	
(D)												0	
(E)												0	
Total			X 13 13	:		 		 				<u>U</u>	

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.)

500	tion A Bublic Support	ider the tests	listed below,	please comp	ele Part II)		
	tion A. Public Support	(-) 000C	(b) 2007	(=) 2000	(4) 2000	(5) 2040	(D. T-4-)
Cale	ndar 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")	45,125	46,302	58,500	45,650	57,900	253,477
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	36,126	27,177	26,990	28,983	56,902	17 <u>6,178</u>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	81,251	73,479	85,490	74,633	114,802	429,655 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						
С	Add lines 7a and 7b	0	0	0	0		0
8	Public support (Subtract line 7c from						
	line 6) .						429,655
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	81,251	73,479	8 <u>5</u> ,490	74,633	114,802	429,655
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	7,654	7,895	6,951	1,630	668	24,798
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	7,654	7,895	6,951	1,630	668	24,798
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	88,905	81,374	92,441	76,263	115,470	454,4 <u>53</u>
14	First five years. If the Form 990 is for the organization, check this box and stop here						<u>+04,400</u>
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column		e 13, column (f))			15	94 54%
16	Public support percentage from 2009 Schedule A,					16	93.03%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2010 (line 10c,			ımn (f)) .		17	5 46%
18 100	Investment income percentage from 2009 Schedul			nd line 15	ro than 33 4/30/	18	6 97%
19a b	33 1/3% support tests-2010. If the organization d not more than 33 1/3%, check this box and stop he 33 1/3% support tests-2009. If the organization d	e re . The organiza	ation qualifies as	a publicly suppo	orted organization	n.	► X
	ine 18 is not more than 33 1/3%, check this box ar						▶ 🗀
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns .	▶ 🗀