

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

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)

OMB No 1545-1150 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	For t	ne 2012 calendar year, or tax year beginning , 20	12, and ending	,
В		If applicable s change C Name of organization		Employer identification number
H	1	change Missouri Society of Eye Physicians and S	Surgeons	43-6056202
-	Initial r	Number and street (or P O box, if mail is not delivered to street address)		Telephone number
	Termin			(573) 556-8900
	Amend	ed return City or town, state or country, and ZIP + 4	F	Group Exemption
	Applica	ation pending Jefferson City	MO 65102	Number
G		unting Method Cash X Accrual Other (specify)	H Check	► If the organization is not
ı	Webs	site: www.moseps.com		d to attach Schedule B
<u>J</u>	Tax-ex	xempt status (check only one) — 501(c)(3) 🗓 501(c) (6) ◀(insert no) 🗌 4947	7(a)(1) or 527 (Form 9	990, 990-EZ, or 990-PF)
K	Chec	$k ightharpoonup \Box$ if the organization is not a section 509(a)(3) supporting organization	or a section 527 organization	on and its gross receipts are
		ally not more than \$50,000 A Form 990-EZ or Form 990 return is not require		stcard) may be required (see
		ictions) But if the organization chooses to file a return, be sure to file a comp ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts ar		tol.
_	asset	s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 in	stead of Form 990-EZ	►\$ 175,751.
Pa	artil:	Revenue, Expenses, and Changes in Net Assets or Fund B	•	
		Check if the organization used Schedule O to respond to any question in the	is Part I	X X
	1	Contributions, gifts, grants, and similar amounts received		1 62,000.
	_	Program service revenue including government fees and contracts		2 23,618.
	3	Membership dues and assessments		3 89,984.
	4	Investment income	اجا	149.
	o a	Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses EVED	5 a 5 b	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from the 5a)	20	
		100		1 1
R		Gaming and fundraising events A MAY 06 2013 9 Gross income from gaming (attach Schedule G if greater that 5,000)	6a	
Ĕ.		Gross income from fundraising events-(not-including \$ -	of contributions	
N	-	from fundraising events reported on line 3) Cattach Schedule G if the sum		
DE.		of such gross income and contributions exceeds \$15,000)	6 b	
	C	Less direct expenses from gaming and fundraising events	6 c	
AW CENTROLEGE HAY	d	Net income or (loss) from gaming and fundraising events (add lines $6a$ and $6b$ and subtract line $6c)$		6 d
	7 a	Gross sales of inventory, less returns and allowances	7a	
9	b	Less cost of goods sold	7 b	-3° \$
Þ		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c
_	8	Other revenue (describe in Schedule O)		8
.	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	 	► 9 175,751.
<u>~</u>	10	Grants and similar amounts paid (list in Schedule O)	•	10
	11	Benefits paid to or for members		11
MEXPEZONO	12 13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors		12 126, 209
Ë	14	Occupancy, rent, utilities, and maintenance		120/203.
S	15	Printing, publications, postage, and shipping		1300
S	16	Other expenses (describe in Schedule O)	See Form 990-EZ, Part I, Line 16 Other Ex	100.
	17	Total expenses. Add lines 10 through 16		► 17 55,546. ► 17 182,373.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 -6,622.
, A S	19	Net assets or fund balances at beginning of year (from line 27, column (A))	(must saron with and of us	0,022.
A S E E T S	13	figure reported on prior year's return)	•	19 74,903.
'T S	20	Other changes in net assets or fund balances (explain in Schedule O)	See L-20 Stmt	20 1,107.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		► 21 69,388.
DA	A F-	Pananyark Paduction Act Notice can the congrete instructions		Form 000 F7 (2012)

Form	990-EZ (2012) Missouri Societ	y of Eye Physician	ns and Surge	ons	43-	-60	56202 Page 2
Par	Balance Sheets. (see the Ins Check if the organization used Scheet	tructions for Part II.) dule O to respond to any que	stion in this Part II				
				(A)	Beginning of year		(B) End of year
	Cash, savings, and investments				74,903		<u> </u>
23	Land and buildings				0		
24 25	Other assets (describe in Schedule O) Total assets				74 003		
	Total liabilities (describe in Schedule O)				74,903	. 26	
	Net assets or fund balances (line 27 of o	olumn (R) must agree with h	ne 21)		74,903	-	
Par	t III Statement of Program Service Ac	complishments (see the inst	trs for Part III.)		74,903		Expenses
What	Check if the organization used Sch s the organization's primary exempt purpose?				<u>L</u>		quired for section 501 3) and 501(c)(4)
Desc	ribe the organization's program service ac sured by expenses In a clear and concise fited, and other relevant information for ea	oromote quality medical and secomplishments for each of it manner, describe the service ach program title	surgical eye care for s three largest progres es provided, the nun	ram s nber	izens of Missouri Services, as of persons	4947	nizations and section (a)(1) trusts, optional others)
28	Two coding seminars were attended by 6						
	<pre>billing/coding staff with more tha technicians. The seminar top; (Grants \$) if th</pre>		issues within			28 a	
29	The Table Rock Regional Roun			om M	issouri and	20 a	
	three neighboring states. The					-	
	continuing education and r		s from acros			29 a	
30	MoSEPS hosted an Eye Screening			Res	sidents from		
	training programs across the s	tate attend and volunt	t <u>eer their time</u>	to:	provide free		
		is amount includes foreign gr	and the gene ants, check here	e <u>ra</u> l	L_public. ►	30 a	ı
31	Other program services (describe in School				, [21.	
22	(Grants \$) If th Total program service expenses (add Irr	is amount includes foreign gr	ants, check here			31 a	1
	t IV List of Officers, Directors,	-	aloxoos List seek sii		n if not componented		no unatrustiana for Dort IV
Fai	Check if the organization used Sch	nedule O to respond to any gr	uestion in this Part I	ie eve V	n ii not compensateu	(see u	ie mstructions for Part IV)
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISC (If not paid, enter -0-	ition	(d) Health benefits contributions to emplo benefit plans, and defo compensation	yee	(e) Estimated amount of other compensation
	son_Sabates,_MD			_	·		_
	sident	2.00		0.		0.	0.
	iot Korn, MD	1.00		0.		Ο.	
	esident-Elect rin_Skelsy,_MD	1.00	-	٠.	-	υ.	0.
	:-Treas	1.00		0.		0.	0.
	n P. Hainsworth, MD			•			
	st-President	1.00		0.		Ο.	0.
<u>Ad</u> a	ım Fedyk, MD						
	rector	1.00		0.		0.	0.
	Kumar Rao, MD	1.00		0.		0.	0.
	n Edelstein, MD	1.00		۷.		<u> </u>	
	ector	1.00		0.		0.	0.
	Kathryn Sun, MD						
Dir	rector	1.00		0.		0.	0.
	ry_Blair, MD_PhD						
	rector	1.00		0.		0.	0.
	ey Butler, MD	1.00		0.		ο.	0.
	aham Poulose, MD						
	rector	1.00	<u> </u>	0.		0.	0.
	ott_Olitsky,_MD rector	1.00		0.		ο.	0.
<u> </u>			<u> </u>	٠.			
BAA		TEEA0812	12/28/12		<u> </u>	-	Form 990-EZ (2012)
БАА	l e e e e e e e e e e e e e e e e e e e	TEEAU812	12/20/12				FORM 330-E4 (2012)

	990-EZ (2012) Missouri Society of Eye Physicians and Surgeons	43-605620	2	P	age 3
Par	Other Information (Note the Schedule A and personal benefit contract statement required)				
	the instructions for Part V) Check if the organization used Schedule O to respond to any que	estion in this Part V		V	<u> </u>
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		33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the am	ended documents if they reflect			
	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)		34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year fro	om business activities	25		
	(such as those reported on lines 2, 6a, and 7a, among others)? If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an expl	anation in Schodula O	35 a 35 b		<u>X</u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section		330		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	,	35 c	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		v
37 a		7a 0.	30	26	X
	Did the organization file Form 1120-POL for this year?		37 b	A CONTRACTOR	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed		s s zadelsk	1. 19. 19. s. s	Žul
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by the found in the schedule L. Part II and enter the total	his return ⁷	38 a		X
		8b	. 90	Š.	
	Section 501(c)(7) organizations Enter				
		19a			
		9b			E 1
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year section 4911 section 4912 section 4912 section 4955				• 1
ŀ	section 4911 , section 4912 ; section 4955 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958			*	1,140-19
-	transaction during the year or did it engage in an excess benefit transaction in a prior year that I	nas not been reported	406		
,	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization		40 b	.> % .	الاستوارة
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			赛人
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	•			١, ١
•	All organizations. At any time during the tax year, was the organization a party to a prohibited ta	- 		<u> </u>	·/*
41	shelter transaction? If 'Yes,' complete Form 8886-T		40 e		<u> </u>
41	List the states with which a copy of this return is filed				
t	The organization's books are in care of Penman & Winton Consulting Group, Inc. Located at 124 East High Street Jefferson City At any time during the calendar year, did the organization have an interest in or a signature or of financial account in a foreign country (such as a bank account, securities account, or other financial 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 At any time during the calendar year, did the organization maintain an office outside of the U.S. of the foreign country.	al Accounts.	635 42b	Yes	No X
	If 'Yes,' enter the name of the foreign country				
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	► 43		Yes	No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must of Form 990-EZ	·	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 m instead of Form 990-EZ	nust be completed	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?		44 c		X
(If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		44 d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 51	2(b)(13)?	45 a		X
ŀ	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,'	45:		
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) TEEA0812 12/28/12		45 b rm 990	 -F7 (X 2012)
		1 0			/

Form 990-I	EZ (2012) Missouri Society of	f Eye Physicia	ns and Surgeons	43-60	56202 Page 4
46 Did t	he organization engage, directly or indirec	tly, in political campaig	-		Yes No
	Section 501(c)(3) organizations				
<u> </u>	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b an	d 52, and complete	e the tables
	Check if the organization used Schedule	O to respond to any o	question in this Part VI		
	he organization engage in lobbying activiti plete Schedule C, Part II	es or have a section 50	01(h) election in effect d	uring the tax year? If 'Y	es, Yes No
48 Is the	e organization a school as described in se	ction 170(b)(1)(A)(ii)?	If 'Yes,' complete Sched	ule E	48
49 a Did tl	he organization make any transfers to an o	exempt non-charitable	related organization?		49 a
	es,' was the related organization a section				49 b
50 Comp	plete this table for the organization's five houses) who each received more than \$100	nighest compensated er	mployees (other than off	ficers, directors, trustees	s and key
empi	oyees) who each received more than \$100	,000 of compensation	Trom the organization in	T	one T
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
-					
f Total	number of other employees paid over \$10	00,000		<u> </u>	
51 Com	plete this table for the organization's five h	ighest compensated in	dependent contractors v	vho each received more	than \$100,000 of
comp	pensation from the organization. If there is	none, enter 'None '			
(a) N	Name and address of each independent contractor paid	more than \$100,000	(b) Type	of service	(c) Compensation
			_		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		-
			-		
			-		
			<u> </u>	·-	<u></u>
	number of other independent contractors		•	•	
52 Did the	he organization complete Schedule A? No table trusts must attach a completed Sche	te: All section 501(c)(3) organizations and 494	7(a)(1) nonexempt	► Yes No
			dules and statements, and to the	e best of my knowledge and be	
true, correct, a	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than officer	r) is based on all information of	of which preparer has any know	ledge	
۵.	Signature of officer			Date	
Sign Here	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	I C	TIN
	WEDNIAN A TONC CDA	1/ 1/ 1/ 6	- 00	Check L rf	
Paid	VERALYN K. LONG CPA Firm's name ► BIELECKI & COMP.	10.10	03/25/1	3 self-employed P	200014960
Preparer Use Only	Firm's address > 3432 W TRUMAN B		• •	Firm's EIN	43-1816988
	JEFFERSON CITY		MO 65109-5		
May the IR	S discuss this return with the preparer sho	own above? See instruc			► X Yes No
-					Form 990-EZ (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Name	e of organization	· · · · · · · · · · · · · · · · · · ·		Employer identific	ation number
		Eye Physicians and Surgeons		43-605620	
Pa	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
1	•	organization's direct and indirect political ca	impaign activities in F		
2	Political expenditures			► \$	
3					
Pa		rganization is exempt under secti			
1	· · · · · · · · · · · · · · · · · · ·	se tax incurred by the organization under s		► \$	
2	•	se tax incurred by organization managers u		► ş	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.				
		rganization is exempt under secti			
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	organization's funds contributed to other o	rganizations for section	on 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and o	n Form 1120-POL,	►\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of For each organization listed, enter the amons received that were promptly and directly action committee (PAC)	ount paid from the fill delivered to a separ	ng organization's funds ate political organizatior	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)			-		
(4)					
(5)					
(6)	,				

Schedule C (Form 990 or 990-EZ) 201	² Missouri Soc	riety of Eve Phy	sicians and Si	irgeons 43-605	6202 Page 2
Rantill-A Complete if section 501(the organization	is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	lection under
A Check ► ☐ If the filling address,	ng organization belon EIN, expenses, and	gs to an affiliated group (a share of excess lobbying of ted box A and 'limited con	expenditures)	affiliated group member's	s name,
	Limits on Lobbyir			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	•	· · · · · · · · · · · · · · · · · · ·			
b Total lobbying expenditu	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
c Total lobbying expenditu	_		<i>3,</i>		
d Other exempt purpose e	expenditures	•			***
e Total exempt purpose ex	xpenditures (add line	s 1c and 1d)			-
f Lobbying nontaxable am both columns	nount Enter the amou	unt from the following table	e ın		-
If the amount on line 1e, coli	umn (a) or (b) is:	The lobbying nontaxable a	amount is		
Not over \$500,000	2	20% of the amount on line 1e			
Over \$500,000 but not over \$1,	,000,000,	100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	\$1,500,000	175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	over \$1,500,000		
Over \$17,000,000		\$1,000,000		100 Car (45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
g Grassroots nontaxable a	· ·	•			
h Subtract line 1g from lin	•				
i Subtract line 1f from line	e 1c If zero or less, e	enter -0-			
j If there is an amount oth section 4911 tax for this		er line 1h or line 1i, did the	e organization file Form	n 4720 reporting	Yes No
(Son	ne organizations that	-Year Averaging Period U made a section 501(h) elos below. See the instruction	ection do not have to o		
	Lobby	ring Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Forn	n 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Missouri Society of Eye Physicians and Surgeons 43-6056202 | Part | B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(2	a)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	-	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?				200	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?				_	
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?			 -		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			 	·	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?		-			
		hof-M'Asia			
j Total Add lines 1c through 1i	2/2/2	6.400	1 Mars 14 / 16/4/20	t, reste 40 mm	45.42.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		neticka 1.012	<u> 2000 2000</u>	<u> </u>	
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		31/24	SANGER THEOLO	~*************************************	ANN A PE
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			海		H. Than
Part III: Az Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	J1(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			[]	3	X
Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b answered 'Yes.')1(c)(5)) Part II	, or s II-A, I	section line 3, i	501(c) s)
1 Dues, assessments and similar amounts from members		1		89,	984
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a		16,	<u>969</u>
b Carryover from last year		2b			_
c Total		2 c		16,	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		36,	<u>893</u>
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?	s tical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			0
	-	_	!		
Part W Supplemental Information	art II-A (a	affiliati	ed group	list),	
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part I-B, line 4, Part I-B, line 4, Part I-B, line 5, Part I-B, line 4, Part I-B, line 6, Part I	· -			- -	
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information	· 	. – – -			

Schedule C (Fo	rm 990 or 990-EZ)	2012 Missouri	Society of	Eye	Physicians	and Surgeons	43-6056202	Page 4
Part IV	Supplemen	tal Information	(continued)					
	•							
		·						
	. – – – – –							
	. – – – – –					. 		
	-							
	. _							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Missouri Society of Eye Physicians and Surgeons	43-6056202
·	
,	
	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Meetings/Travel	1,634.
Bank Charges/Credit Card Fees	2,478.
Board Expense	1,417.
Coding Seminars	15,547.
Eye Screening Day	316.
Surgical Scope fund PR/Educational Materials	29,843.
Miscellaneous	3,161.
Contributions	1,150.
Total	55,546.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
Unrealized gain on investments reported at market value	1,107.
Total	1,107.