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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change THE PLASTIC SURGERY RESEARCH COUNCIL Name change 37-1101785 ]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 4400 500 CUMMINGS CENTER 978-927-8330 termin-ated City or town, state or province, country, and ZIP or foreign postal code 385,413. G Gross receipts \$ Amended return BEVERLY, MA 01915 H(a) Is this a group return Applica-tion F Name and address of principal officer: HOWARD LEVINSON, M.D. Yes X No for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status, X 501(c)(3) \_\_ 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.PS-RC.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1955 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities. TO PROMOTE PLASTIC SURGERY Activities & Governance RESEARCH AND EDUCATION. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 ō Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 100 Total number of volunteers (estimate if necessary) 6 250. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** <u>17,</u>726.  $21,\overline{361}$ Contributions and grants (Part VIII, line 1h) Revenue 228,450. 355,981. Program service revenue (Part VIII, line 2g) 9 18,196. 7,821. 10 Investment income (Part VIII, column (A), lines 3,4 and 7d) Other revenue (Part VIII, column (A), lines 5, 6d 8c 9c, 100, land 11e Ο. 250. 11 264,372. 385,413. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line:12 8,000 7.500. 13 Grants and similar amounts paid (Part IX, column (A) Hines 13) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 242,812. 351,859. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 250,812. 359,359**.** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,560. 26,054. Revenue less expenses. Subtract line 18 from line 12 or Ses **Beginning of Current Year End of Year** 275,327. 318,199 20 Total assets (Part X, line 16) Ο. n. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 275,327. 318,199 Part II | Signature Block 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. Sian GREGORY BORSCHEL, M.D., SECRETARY-TREASURER Here Type or print name and title Date NITT Print/Type preparer's name Preparer's signature RAYMOND L. Paid RAYMOND L. ANSTISS, ANSTISS, 04/28/17 P00142883 JR. ANSTISS & CO., Preparer P.C. 04-2917204 Firm's name Firm's EIN Firm's address 1115 WESTFORD STREET Use Only

LOWELL, MA 01851

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

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. (978) 452-2500

X Yes

	1990 (2016) THE PLASTIC SURGERY RESEARCH COUNCIL 37-1101785 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE PLASTIC SURGERY RESEARCH AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 269,618 • Including grants of \$ ) (Revenue \$ 290,251 • )
4a	
	ON PLASTIC SURGERY.
	4 440
4b	(Code) (Expenses \$1, 410. including grants of \$) (Revenue \$)
	OFFICERS AND COMMITTEES - THE COUNCIL ASSEMBLES COMMITTEES TO HELP
	ORGANIZE AND OPERATE VARIOUS FUNCTIONS OF THE COUNCIL.
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
4c	(Code) (Expenses \$7 , 500 . including grants of \$7 , 500 . ) (Revenue \$)
	GRANTS - AWARDED TO INDIVIDUALS TO PURSUE ACADEMIC RESEARCH IN PLASTIC
	SURGERY.
4d	Other program services (Describe in Schedule O )
- —	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 278,528.
70	
	Form <b>990</b> (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	<del>-</del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			i –
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			-
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
-16-	-Did-the-organization-report-on-Part-IX,-column-(A),-line-3,-more-than-\$5,000-of-aggregate-grants-or-other-assistance-to-			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	<u> </u>
		Form	<b>990</b> (	2016)

Page 4

THE PLASTIC SURGERY RESEARCH COUNCIL Form 990 (2016) THE PLASTIC SURGER
Part IV Checklist of Required Schedules (continued)

20a but the organization operate one or more hospital facilities? If "Yes" to live 20a, of the organization arts and copy of its audited financial statements to this return? 21 but the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic organization or Part IX, column (A), in 19 If "Yes," complete Schedule II, Part I and III 19 20 but the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustes, key empkyees, and highest compensated employees? If "Yes," complete Schedule II. Part I and III 19 20 but the organization naws and proceeds of tax-exempt bonds beyond a temporary period exception? 25 but the organization minimal an estrow account other than a refunding escrew at any time during the year? 26 but the organization maintain an estrow account other than a refunding escrew at any time during the year? 27 but the organization and the state of the organization organization and that the transaction maintain an estrow account other than a refunding escrew at any time during the year? 28 Section 901(5)3, 501(6)40, and 901(6)29 organizations. Did the organization engage in an excess benefit transaction with a disqualitied person of behalf of "issuer for bonds outstanding at any time during the year? 28 Section 901(5)3, 501(6)40, and 901(6)29 organizations. Did the organization engage in an excess benefit transaction with a disqualitied person on a prior year, and that the transaction has not been reported on any of the organization's pinor Forms 900 or 9906-227 if "Yes," complete Schedule II. Part IV 29 but the organization approach is the graph of the prior of the prio				Yes	No
21 Dut the organization report more than \$5,000 of grains or other assistance to any demestic organization or domestic government on Part X, column (A), in at 17 11 17 18 19 18 18 19 18 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 (If **Ps*, *complete Schedule I, Part I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization report and other officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is and officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule Is and officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is at day of the year, that was assued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is It In It Is and the organization have a tax-exempt bonds sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is, If "No", go to line 25s  24a	21				
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and furmer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31,2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25s  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year of the organization invest any proceeds of tax-exempt bonds?  Section 50 (16,8), 501(6,9), and 501(6,128) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II b is the organization aware that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person has not been reported on any of the organization apart of other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II b is the organization persons? If "Yes," complete Schedule L, Part IV is an Extraction or employee thereot, a grant selection committee member, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV is an Extraction or employee thereot, a grant selection committee member, or to a 59% controlled entity or family member of a current or former officer, director, trust		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Dd the organization answer "Yes" to Part VII, Section A, Inic 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 244 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No", go to line 25a.  24b Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  25c Dd the organization and at as an on behalf of" issuer for bonds outstanding at any time during the year? 10d the organization and at a secretary to a several bonds.  25c Section 501(x)3, 501(x)4, 401(x)4, 4010(x)400 organizations. Dut the organization on spage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is be the organization are always and that the transaction has not behalf of "issuer for bonds outstanding at any time during the year?  25c Section 501(x)3, 501(x)4, 401(x)40 and 501(x)400 organizations. Dut the organization is an excess benefit transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year.  25d Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial confribution or employee thereof, a grant sessation to an officer, director, trustee, key employee, substantial confribution or employee thereof, agrant sessation with one of the following parties (see Schedule II, Part IV is a formal tofficer, director, trustee, or key employee is a family member ther	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.  23 X  249 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  249 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  240 Did the organization invest any an escore account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  240 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  251 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  252 If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I			22		<u>X</u>
Schedule J  Ab Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December \$1, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  Did the organization maintain an a escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-evempt bonds?  Section 501(x)3), 501(x)4), and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of any of the organization regard schedule L, Part I are organization and that the transaction has not been reported on any of the organization reforms 990 or 990-E27 If "Yes," complete Schedule L, Part I are officers, directors, trustees, key employees, highest compensated employees, or disqualified persona? If "Yes," complete Schedule L, Part II are officers, director, trustee, wey employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II are till accommendation of any of the organization report any annound on Part X, inc. 6, 6, or 22 for receivable learning and accommendation of any of the organization report any amount on Part X, inc. 6, 6, or 22 for receivable schedule L, Part II are till accommendation of any of these persons? If "Yes," complete Schedule L, Part II are till accommendation of any of these persons? If "Yes," complete Schedule L, Part II are till accommendation of any of these persons? If "Yes," complete Schedule L, Part IV and the organization receive contributions of art, historical treasures, or other similar asse	23				
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stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a  b Did the organization mental an escrive account other than a refunding secrew at any time during the year? defease any tax-exempt bonds?  d Did the organization maintain an escrive account other than a refunding secrew at any time during the year? defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization by the organization organization and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with organization provide a grant and that the transaction has not been reported on any of the organization provide a grant and that the transaction has not been reported on any of the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV and the organization provide a grant assistance to an officer, director, trustee, we propose a grant selection committee member, or to a 55% controlled antity of family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than 25x00 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization related to wine? If "Yes," complete Schedule L, Pa			23	_	X
Schedule K. If *No**, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and at as an *on behalf of* issuer for bonds outstanding at any time during the year? 24d 25a Section 501(x)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part II b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II *Yes,* complete Schedule L, Part II b is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If *Yes,* complete Schedule L, Part III b in the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If *Yes,* complete Schedule L, Part IV b A family immember of a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV b A family immember of a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV b A family immember of a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedul	24a				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  246 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  248 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "(***e**), "complete Schedule** L, Part I   25a X   25a X   25b X		Schedule K. If "No", go to line 25a	24a		<u> X</u>
any tax-exempt bonds?  246   2	b	*	24b		
d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Soction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II put the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II put the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III pust the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV as the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV as A family member of acromer officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV as A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV as Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV as Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part II as Did the organization on the organization receive any payment from or engage in any transaction with a c	С	• • • • • • • • • • • • • • • • • • • •			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 25			24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II  25b X  26	25a				v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I    25b			25a		_ <u>x</u>
Schedule L, Part I  25b	Ь				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 28 X X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X X X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X X X X X X X X X X X X X X X X X					v
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632004 11-11-16

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				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and it	reportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:				l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>	$\vdash$	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action?	5b	$\vdash$	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			v
	any contributions that were not tax deductible as charitable contributions?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or gifts			ĺ
7	were not tax deductible?		6b		-
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nucee provided to the payor?			х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ivices provided to the payor?	7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	rae roquirod	<del>''</del>		
·	to file Form 8282?	as required	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			<del></del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	<del></del>	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	· ·	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	·	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				İ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			l
11	Section 501(c)(12) organizations. Enter:	1 1			1
а	Gross income from members or shareholders	11a			ĺ
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O				
В	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	120			
С	Enter the amount of reserves on hand	13b			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	<del>                                     </del>	
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THE PLASTIC SURGERY RESEARCH COUNCIL

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		_	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PRRI - 978-927-8330			
	500 CUMMINGS CENTER, SUITE 4400, BEVERLY, MA 01915			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	box	, unle:	Pos heck ss pe	rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HOWARD LEVINSON, M.D. CHAIR/CHAIR-ELECT	2.00	x		х				0.	0.	0
(2) TIMOTHY W. KING, M.D., PHD	2.00	_		Λ	_	├	┢	- 0.	0.	0.
CHAIR-ELECT	2.00	x		х				0.	0.	0.
(3) GREGORY BORSCHEL, M.D.	2.00					_				
SECRETARY-TREASURER		х		Х				0.	0.	0.
(4) WILLIAM M. KUZON, JR., M.D., PH	2.00									
HISTORIAN		X		X				0.	0.	0.
(5) SCOTT HOLLENBECK, M.D.	2.00								•	
PARLIAMENTARIAN	2.00	Х		Х		_		0.	0.	0.
(6) DAVID MATHES, M.D. TRUSTEE/PAST CHAIR/DEVELOP	2.00	x						0.	0.	0.
(7) BABAK J. MEHRARA, MD	2.00	Λ							0.	0.
TRUSTEE/PAST CHAIR/DEVELOP	- 2100	x						0.	0.	0.
(8) PETER J. TAUB, M.D.	2.00	<del></del>								
TRUSTEE/PAST CHAIR		х						0.	0.	0.
(9) STEVEN R. BUCHMAN, M.D.	2.00									-
BARONIO FUND CHAIR		X						0.	0.	0.
(10) KOTARO YOSHIMURA, M.D.	2.00	_								
ASIAN LIASON	2 00	X	_	-			<u> </u>	0.	0.	0.
(11) CHRISTINE RADTKE, M.D., PHD, MB EUROPEAN LIASON	2.00	x						0.	0.	0.
-(1-2)-JAMES-PBRADLEY, M.D.	-2.00									
TRUSTEE/PAST CHAIR (THRU MAY 2016)	<u> </u>	X	$\dashv$	-			ļ	0.	0.	<u> </u>
	<u> </u>									
	<u> </u>	Н	$\dashv$						_	<del></del>
	-									
	-									
	-	$\vdash$	$\square$				<u> </u>			
	L						<u> </u>			

raue C	Paαe	8
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(A)  Name and title	(B) Average hours per week	(do box,	not c	Pos heck	tion		one h an	(D)  Reportable compensation from	(E)  Reportable compensation from related		am	(F) timate ount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organizations (W-2/1099-MISC)			fro orga and	oensa om the anizat I relat nizati	e ion ed
													· · · · · ·
						<u> </u>							
<del></del>													
1b Sub-total							<b>&gt;</b>	0.		0.			0.
<ul> <li>Total from continuation sheets to Part VI</li> <li>Total (add lines 1b and 1c)</li> </ul>	I, Section A						<b>&gt;</b>	0.		0.		_	0.
<ul> <li>Total number of individuals (including but n compensation from the organization</li> </ul>	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	0,000 of reportabl	е			0
	d		. 1		1-					1		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual			-					•		3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								•	the organization		4		x
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-		elat	ed organization or indivi	dual for services		5		х
Section B. Independent Contractors								hat saan ad mana than	\$100,000 of com-				
Complete this table for your five highest co the organization. Report compensation for										ipens			
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	С	(C ompen		n
							1			<u>.</u>	_		
							7					-	
							+	<del></del>					
O Total number of independent and in the control of	a ali i dina a la cita				41	I		I abaya) who was a	4h				
Total number of independent contractors (i \$100,000 of compensation from the organization from the organi		ot IIr	nite	u to	thos (		ted	above) who received in	iore tnan				
											Form 9	990 (	2016)

<u> </u>			Check if Schedule O conf		or note to any lin	e in this Part VIII			[
		-	Sheek ii Guneddie G Gain	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 8	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	b	Membership dues	1b					
Is, (	•	С	Fundraising events	1c					
Gift	•	d	Related organizations	1d					
imi	•	е	Government grants (contribut	tions) 1e					
er dio	1	f	All other contributions, gifts, gran	ts, and					
			similar amounts not included abo	ve 1f	21,361.				
ig of	9	g	Noncash contributions included in lines	1a-1f \$					
<u>2</u> <u>p</u>	ı	h	Total. Add lines 1a-1f		<b></b>	21,361.			
					Business Code			,	
9	2 8	a	CONFERENCES		900099	290,251.	290,251.		
er.	ı	b	MEMBERSHIP DUES	<u></u>	541900	65,730.	65,730.		
n S	•	C							
Rev	•	d							
Program Service Revenue	•	е				-			
ъ.	1	f	All other program service reve	enue		255 001			
-		g	Total. Add lines 2a-2f			355,981.			
	3		Investment income (including	dividends, intere		6,640.			6,640.
	_		other similar amounts)			0,040.		<del></del>	0,040.
	4		Income from investment of ta	x-exempt bona p	proceeds				<del>                                     </del>
	5		Royalties	(A Deel	(v) Davaged				<del> </del>
	_	_	C	(i) Real	(ii) Personal				
	6 8		Gross rents						
			Less rental expenses						
			Rental income or (loss)				ł		
			Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other				<del>                                     </del>
	/ 8	a	assets other than inventory	1,181.	(ii) Other				
		<b>L</b>	Less: cost or other basis	1,1010					
	•	•	and sales expenses	0.					
		_	Gain or (loss)	1,181.					
			Net gain or (loss)		<u> </u>	1,181.			1,181.
a			Gross income from fundraisin	a events (not		_,			
ž		_	including \$	of					
eve			contributions reported on line	<del></del>					
Other Revenue			Part IV, line 18	а					
the last	ı	ь	Less. direct expenses	ь					
0			Net income or (loss) from fund	draising events	<b></b>				
			Gross income from gaming ad	=					
			Part IV, line 19	а					
	ı	b	Less: direct expenses	b					
		c-	Net-income-or (loss)-from-gam	ning activities	<b>—</b>				
	10 a	а	Gross sales of inventory, less	returns					
			and allowances	а					
	ı	b	Less: cost of goods sold	b					
		c	Net income or (loss) from sale	s of inventory	<b></b> ▶				
			Miscellaneous Revenu		Business Code				
	11 :	а	OPPORTUNITIES E	BOARD	900099	250.		250.	
	1	b							
	•	С			ļ				
	•	d	All other revenue						
	•	е	Total. Add lines 11a-11d		▶	250.	355 224		<del></del>
	12		Total revenue. See instructions.		<b>•</b>	385,413.	355,981.	250.	7,821.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (**D**) Fundraising (C) Management and Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. *expenses* generăl expenses expenses Grants and other assistance to domestic organizations 5,000. 5,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,500 2,500 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 70,800. 70,800. а Management b Legal 600. 600. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 2,939. 2,939. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5,461 5,461. 13 Office expenses <u> 19.</u> <u> 19.</u> 14 Information technology Rovalties 15 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 269,618. 269,618. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,012. 1,012 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,410. 1,410. OFFICERS AND COMMITTEES All other expenses 80,831. 0. 359,359. 278,528. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

art x		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	_	9,490.	1	30,091.
2	2	Savings and temporary cash investments	-	2		
3	3	Pledges and grants receivable, net		3		
4	1	Accounts receivable, net	ſ		4	
5	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
6	3	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).			6	
7	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·		7	
8	3	Inventories for sale or use	Ī		8	
9	•	Prepaid expenses and deferred charges	Γ		9	-
10	)a	Land, buildings, and equipment: cost or other	ı ı			
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
11	í	Investments - publicly traded securities		265,837.	11	288,108.
12		Investments - other securities. See Part IV, line 1	1		12	
13	3	Investments - program-related See Part IV, line	· · · · · · · · · · · · · · · · · · ·		13	
14	ı	Intangible assets	Ī		14	
15	5	Other assets See Part IV, line 11		15		
16	3	Total assets. Add lines 1 through 15 (must equa	275,327.	16	318,199	
17	7	Accounts payable and accrued expenses			17	
18	3	Grants payable		18		
19	•	Deferred revenue		19		
20	)	Tax-exempt bond liabilities	Ţ		20	
21	ı	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
22	2	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employee				
22		Complete Part II of Schedule L			22	
23	3	Secured mortgages and notes payable to unrela	ited third parties		23	
24		Unsecured notes and loans payable to unrelated	d third parties		24	
25	5	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines				
		Schedule D	, ·		25	
26	3	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	), check here ▶ X and			
:		complete lines 27 through 29, and lines 33 an	d 34.			
27	7	Unrestricted net assets		30,629.	27	49,907
28	3	Temporarily restricted net assets		73,055.	28	87,288
29	•	Permanently restricted net assets	1	171,643.	29	181,004
-		Organizations that do not follow SFAS-117 (A	SC 958), check here ▶			
		and complete lines 30 through 34.				
30	)	Capital stock or trust principal, or current funds			30	
31	_	Paid-in or capital surplus, or land, building, or eq		31		
32		Retained earnings, endowment, accumulated in	· ·		32	
27 28 29 30 31 31 32 33		Total net assets or fund balances	,	275,327.	33	318,199.
34		Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	275,327.	34	318,199.

_	980 (2016) THE PLASTIC SURGERY RESEARCH COUNCIL	37_1	101785	<b>D</b> -	10		
	1 SURGERY RESEARCH COUNCIL TXI Reconciliation of Net Assets		101/03	Pag	ge 12		
	_ <del></del>						
	Check if Schedule O contains a response or note to any line in this Part XI				<del>"</del>		
4	Total revenue (must equal Part VIII, column (A), line 12)	1	385	5,4	13.		
1 2	Total expenses (must equal Part IX, column (A), line 25)						
3	Total oxportion (mast equal mast y) miss and						
4							
5	Net unrealized gains (losses) on investments	5			$\frac{27.}{18.}$		
6	Donated services and use of facilities	6	<del></del>	- , -			
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		0.		
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				<del></del>		
10	column (B))	318	3,1	99.			
Pai	rt XII Financial Statements and Reporting	10					
	Check if Schedule O contains a response or note to any line in this Part XII						
	Check is scriedule of contains a response of note to any line in this fact XII			Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis				_		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

### 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

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE PLASTIC SURGERY RESEARCH COUNCIL.

Employer identification number

				<u>RGERY RESEAR</u>				37-1101/85
Pa	ırt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	s part.) Se	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)	-	
1		A church, convention of chi	urches, or association	on of churches described	d in sectio	n <b>170</b> (b)(1	I)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ))		
3		A hospital or a cooperative					ii).	
4	$\sqcap$	A medical research organiza					•	ter the hospital's name.
•		city, and state		,				•
5		An organization operated for	or the benefit of a co	llege or university owner	1 or operat	ed by a g	overnmental unit desc	cribed in
•		section 170(b)(1)(A)(iv). (C		nogo or armoromy ormov	- 0. opo.a.	.54 5, 4 9	ovommontal and acc	
_		A federal, state, or local gov	•	nental unit described in i	saction 17	'0/b)/1)/A)	(v)	
7	Ħ	An organization that normal	-				* -	ral public described in
′	لــا	J	•	ilitiai part of its support i	ioin a gov	emmenta	unit or nom the gene	rai public described in
_	$\Box$	section 170(b)(1)(A)(vi). (Co		/4VAVvii) /Complete Dad	- II V			
8	Ħ	A community trust describe						unt collogo
9	ш	An agricultural research org						
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the col	lege or
	X	university.						
טר	Δ	An organization that normal	- : :					
		activities related to its exem	-					
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	lired by the organizat	on aπer June 30, 1975.
		See section 509(a)(2). (Cor			f-4 O	<b>.</b>	20/-1/41	
11	H	An organization organized a						the numerous of one or
12	ш	An organization organized a	•	•	-			
		more publicly supported org	-					J. Check the box iii
	Г	lines 12a through 12d that o						hu auuna
а		☐ <b>Type I.</b> A supporting orga						
		the supported organization			a majority (	or the aire	ctors or trustees of tr	e supporting
		organization. You must c					ad arrangation(a) by	haven a
b	)	☐ <b>Type II.</b> A supporting orga						
		control or management of			arrie persc	nis mai co	miror or manage the	supported
_		organization(s). You must			ın connoci	han weth	and functionally into	ratad with
С	· L	☐ Type III functionally inte						rated with,
		its supported organization						anization(s)
d		☐ Type III non-functionally						, ,
		that is not functionally int	-		-			entiveness
_		requirement (see instructing Check this box if the organization)	•	•	-			. 111
е	,	•					i Type I, Type II, Type	: 111
	Ent	functionally integrated, or er the number of supported o		many integrated support	ing organiz	ation.		
		vide the following information	•	ad organization(s)				<u></u>
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga ın your governi	nization listed	(v) Amount of moneta	y (vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	-Yes	No	support_(see_instruction	s) support (see instructions)
		<del></del>		above (see instructions))				
				<u> </u>				
					<u> </u>			
Tat		<del></del>			<del>                                     </del>			<del>                                     </del>

Schedule A (Form 990 or 990-EZ) 2016 THE PLASTIC SURGERY RESEARCH COUNCIL 37-1101785 Page 2

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) (d) 2015 (a) 2012 **(b)** 2013 (c) 2014 (e) 2016 (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 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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 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 VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2016

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI 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

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

(Complete only if you checked the box on line 10 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									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	į							
	include any "unusual grants.")	3,026.	20,985.	22,595.	17,726.	21,361.	85,693.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	196,428.	300,907.	229,057.	228,450.	355,981.	1310823.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ- ization'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	199,454.	321,892.	251,652.	246,176.	377,342.	1396516.		
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						0.		
c	Add lines 7a and 7b						0.		
	Public support. (Subtract line 7c from line 6)						1396516.		
	ction B. Total Support			-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
9	Amounts from line 6	199,454.	321,892.	(c) 2014 251, 652.	246,176.	377,342.	1396516.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,248.	6,298.	17,858.	6,728.	6,640.	44,772.		
b	Unrelated business taxable income	,	,	<u> </u>	<b>,</b>	,	<del></del>		
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	7,248.	6,298.	17,858.	6,728.	6,640.	44,772.		
	whether or not the business is regularly carried on					250.	250.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		525.				525.		
13	Total support. (Add lines 9, 10c, 11, and 12)	206,702.	328,715.	269,510.	252,904.	384,232.	1442063.		
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,		
	check this box and stop here								
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2016 (I		•	olumn (f))		15	96.84 %		
16									
_	Section D. Computation of Investment Income Percentage								
	•	percentage for 2016 (line 10c, column (f) divided by line 13, column (f))					17 3.10 9		
	18 Investment income percentage from 2015 Schedule A, Part III, line 17					18 3.52 %			
19a 33 1/3% support tests - 2016. 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	b 33 1/3% support tests - 2015. 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%, che					=	<b>▶</b> ⊨		
20	Private foundation. If the organization	in alla not check a '	DOX ON IINE 14, 198	a, or 190, check th	us dox and see ins	STRUCTIONS			

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
٠	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	Зb		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ĺ		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	İ		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	-Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	_9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			-
	supporting organizations)? If "Yes," answer 10b below.	10a		
L.	Did the ergenization have any excess hypiness holdings in the tax year? (I se Schedule C. Form 4720, to		I	I

determine whether the organization had excess business holdings.)

instructions).

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE PLASTIC SURGERY RESEARCH COUNCIL

**Employer identification number** 37-1101785

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iin		or Accounts. Complete if the		
	gamenta in a series of the ser	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only		
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		Yes No		
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area		
	Protection of natural habitat	Preservation of a certification	ed historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last		
	day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired a	* *	re		
	listed in the National Register	,	2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax		
	year >	, ,	3		
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it holds?				
6					
	<b>&gt;</b>		<b>.</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year		
	▶\$		•		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organizat				
	conservation easements		-		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,				
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,		
the text of the footnote to its financial statements that describes these items.					
ь	and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed				
	relating to these items:	•			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X	•	<b>s</b>		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial			
_	the following amounts required to be reported under SFAS 1		J		
а	Revenue included on Form 990, Part VIII, line 1	(	<b>▶</b> \$		
	Assets included in Form 990, Part X		<b>S</b>		
_	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2016		

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		STIC SURGE			<u> </u>	37-11	01785	Page 2	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items						items		
	(check all that apply):								
a		d		hange programs					
b	,	е	Other	<u> </u>					
С	Preservation for future generations								
4	Provide a description of the organization's c					ose in Par	t XIII.		
5	During the year, did the organization solicit of				ar assets		_		
_	to be sold to raise funds rather than to be m						Yes	<u> </u>	
Ра	rt IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	is or other assets no	t included		_		
	on Form 990, Part X?					L.	_	∟ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:			<u> </u>	-		
					<u> </u>		Amount		
С	<b>5 5</b>				1c				
d	5 ,				1d				
е	Distributions during the year 1e								
f	Ending balance				1f	<u> </u>	-,	<del>, ,</del>	
	Did the organization include an amount on F				•	L.	」Yes	No No	
	If "Yes," explain the arrangement in Part XIII.							<u></u>	
Pa	rt V Endowment Funds. Complete		****						
		(a) Current year	(b) Prior year	(c) Two years back	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	years back	(e) Four y		
1a	3 3 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	188,943.	198,757.	189,679.		144,316.	1	40,638.	
Ь	Contributions	9,361.	4,226.	5,095.		5,985.		3,076.	
C	Net investment earnings, gains, and losses	10,682.	-14,040.	3,983.		39,378.	ļ	602.	
d			<del> </del>						
е	Other expenditures for facilities								
	and programs	,	<del></del>	<u> </u>					
f	Administrative expenses								
g	End of year balance	208,986.	188,943.	198,757.		189,679.	1	44,316.	
2	Provide the estimated percentage of the cur	rent year end balanc	, ,	i)) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment ► 86.61	<del></del> %							
С	· · · · —	<del>3.3</del> 9 %							
_	The percentages on lines 2a, 2b, and 2c sho								
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	<del></del>	<del>,</del>	
	by: Yes No								
	(i) unrelated organizations X								
	(ii) related organizations 3a(ii) X					<u> </u>			
	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
4 D2	Describe in Part XIII the intended uses of the rt.VI Land, Buildings, and Equipm		wment funds.	·-,-					
га	<del></del>		N Dank IV I Ima dd a C	F 000 D-+V	/ l 40				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.								
	Description of property	(a) Cost or of	1 . ,	'-7'	Accumulate		(d) Book	/alue	
	basis (investment) basis (other) depreciation								
	-Land 							<del></del>	
	Leasehold improvements		<u> </u>	<del></del>					
	Equipment	<del></del>				-			
	Other						<del></del>		
		qual Form 990, Part	X, column (B), line 1	Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)					

Schedule D (Form 990) 2016

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

### SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Employer identification number** Name of the organization THE PLASTIC SURGERY RESEARCH COUNCIL 37-1101785 FORM 990, PART VI, SECTION A, LINE 3: THE PROFESSIONAL RELATIONS AND RESEARCH INSTITUTE (PRRI) OF BEVERLY, MASSACHUSETTS, MAINTAINS THE BOOKS AND RECORDS OF THE ORGANIZATION AND PERFORMS OTHER RELATED MANAGERIAL AND ADMINISTRATIVE FUNCTIONS FOR WHICH IT IS COMPENSATED. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS SIX CLASSES OF MEMBERS: ACTIVE, ASSOCIATE, SENIOR, EMERITUS, CANDIDATE, AND SENIOR ASSOCIATE. ACTIVE MEMBERS HAVE VOTING RIGHTS. FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERS HAVE THE RIGHT TO ELECT OFFICERS TO THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION A, LINE 7B: ACTIVE MEMBERS HAVE THE RIGHT TO APPROVE NEW MEMBERS TO THE EXECUTIVE COMMITTEE, ALONG WITH ANY CHANGES TO THE BY-LAWS AND CONSTITUTION. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE ADMINISTRATIVE STAFF OF THE MANAGEMENT COMPANY (PRRI-)-AND-IS-THEN-PROVIDED-TO-THE-TREASURER-FOR-FINAL-REVIEW-BEFORE-IT-IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EXECUTIVE COMMITTEE MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST

PRESENTERS AT CONFERENCES ARE ALSO REQUIRED TO SIGN THE CONFLICT

632211 08-25-16

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

Schedule O (Form 990 or 990-EZ) (2016)

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Name of the organization THE PLASTIC SURGERY RESEARCH COUNCIL	Employer identification number 37-1101785
OF INTEREST POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AVAILABLE ON THE ORGANIZATION'S WEBSI	TE. THE CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE	TO THE PUBLIC
UPON REQUEST AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZ	ATION'S MANAGEMENT
COMPANY ("PRRI").	
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