

Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning **November 1**, 2011, and ending **October 31**, 20 **12**

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

C Name of organization **Partner for Surgery, Inc.**
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6804 Melrose Drive
City or town, state or country, and ZIP + 4
McLean, VA 22101

D Employer identification number
54-2034427

E Telephone number
703-893-4335

F Name and address of principal officer: **Frank Peterson**
same as above

G Gross receipts \$ **209,641**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **N/A**

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.partnerforsurgery.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2001** **M** State of legal domicile: **VA**

| Part I Summary | | Prior Year | Current Year |
|---|---|-------------------|----------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Partner for Surgery enables the most poor in Guatemala to receive the care offered by volunteer surgical teams, by providing the community development and infrastructure that both the communities & the surgical teams lack, creating a bridge between them. In addition, PFS trains local government nurses to screen women for problems that could lead to cervical cancer. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 7 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a 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 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 513,358 | 209,084 |
| | 9 Program service revenue (Part VIII, line 2g) | 5,500 | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 344 | 557 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | (97) | 0 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 519,105 | 209,641 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 62,894 | 98,984 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 105,764 | 35,769 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 8,003 | 27,435 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,513 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 174,528 | 174,557 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 351,189 | 336,745 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 167,916 | (127,104) | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 396,404 | 278,343 |
| | 21 Total liabilities (Part X, line 26) | 10,864 | 19,907 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 385,540 | 258,436 |

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.

Sign Here Signature of officer: *Frank B. Peterson* Date: **March 2, 2013**
Type or print name and title: **FRANK B. PETERSON, PRESIDENT**

Paid Preparer Use Only Print/Type preparer's name: **Judith Y. Messier** Preparer's signature: *Judith Y. Messier* Date: **03/02/13** Check if self-employed PTIN: **P01467690**
Firm's name ▶ **Judith Y. Messier** Firm's EIN ▶ Phone no. **206-937-1347**
Firm's address ▶ **2926 Alki Ave SW Apt 209, Seattle, WA 98146**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No