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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form \$90. 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

3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtractine 6c) 2 7013 O 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue, Add lines 1,2,3,4,5c,6d,7c, and 8 9 104,676. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 148, 294.			ne 2012 calendar year, or tax year beginning	and e	nding				
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Tax-exempt status (check only one) Set (19/3) Set									
K Check				2.) 4947(a)(1)	or 527				
SSO,000. A Form 990-E2 or Form 980 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to the 91 of determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), fine 25c, column (8) below) are \$500,000 or more, the Form 990-E2									
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Check if the organization used Schedule O to respond to any question in this Part I Contributions, girfs, grants, and similar amounts received 1 19,907. Program service revenue including government fees and contracts 3 59,620. Membership dues and assessments 4 Investment income 5 6 Gross amount from sale of assets other than inventory 5 1			Revenue, Expenses, and Changes in Net Assets or Fu	ınd Balances	(see the instru	ictions for	Part I)		
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 SEE SCHEDULE O 16 66, 065. 17 126, 788. 18 -22,112. 19 148,294. 20 20 232.	Ä	1.							
17 Total expenses. Add lines 10 through 16 126,788. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -22,112. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 148,294. 20 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE 0 20 232. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 126,414.				SEE SCHET	O SULIC				
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 18 -22,112. 19 148,294. 20 20 232. 21 126,414.		1 -	,	Jud Dener	,,,,,,		7 126 788		
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year. Combine lines 18 through 20 Net assets or fund balances at end of year. Combine lines 18 through 20 19 19 19 19 19 19 19 148,294. 20 20 21 21 21 21 22 23 24 24 25 26 27 28 29 20 21 20 21 21 22 23 24 24 25 26 27 28 28 29 20 20 21 21 22 23 24 24 25 26 27 28 28 29 20 20 21 21 22 23 24 24 25 26 27 28 28 29 20 20 20 20 20 20 20 20 20	-	_							
21 Net assets or fund balances at end of year. Combine lines 18 through 20	şţs					- <u>"</u>	22,112.		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	SSE	l ia	* * * * * * * * * * * * * * * * * * * *				1/8 20/		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Net A	20		SEE SCHET	O SUIT				
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Page 2

Pa						
	Balance Sheets (see the instructions for Part II)		ation in this D. A.II			
	Check if the organization used Schedule O to res	spond to any que			(0) [ad of year
		}	(A) Beginning of year	+-	(B) E	nd of year
22	Cash, savings, and investments	-	148,294			126,414
23	Land and buildings	}		23	 -	
24	Other assets (describe in Schedule O)		140 204	24		106 414
25	Total assets	-	148,294	_	<u> </u>	126,414
26	Total liabilities (describe in Schedule 0)	-	140 204			106 414
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) †	nto (occ the instr	148,294	• 27		126,414
Pal						openses for section
	Check if the organization used Schedule O to res		stion in this Part III	لما		and 501(c)(4)
What	is the organization's primary exempt purpose? SEE SCHEDULE C				organizati	ons and section
	be the organization's program service accomplishments for each of its three largest program r, describe the services provided, the number of persons benefited, and other relevant inform		penses in a clear and concise		for others) trusts; optional .)
28 <i>I</i>	ANNUAL MEETING - ALLOWS MEMBERS TO	ATTEND SEM	INARS WHICH			
ī	JPDATE MEMBERS ON SURGICAL PROCEDUR	ES AND NEW				
Ī	DEVELOPMENTS.		<u> </u>			
_	Grants \$) If this amount includes foreign of	rants, check here			28a	28,960
29 (COMMITTEES - MONITORS NEW DEVELOPME		AS RELATING			
_	O SURGICAL PROCEDURES.					
-						
(Grants \$) If this amount includes foreign of	rants, check here	•		29a	17,157
_		VIDUALS OR				
_	ORGANIZATIONS TO PURSUE ACADEMIC RE		SURGICAL		}	
	PROCEDURES.					
_	Grants \$ 7,000.) If this amount includes foreign of	rants check here			30a	7,000
_	Other program services (describe in Schedule O)					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Grants \$) If this amount includes foreign of	rants, check here			31a	
_	Total program service expenses (add lines 28a through 31a)	inanto, on out note			32	53,117
	t IV List of Officers, Directors, Trustees, and Key E	mplovees List each	one even if not compensated (see the		
	Check if the organization used Schedule O to res					X
		i (b) Average nours	I (C) Reportable I	(0) He	alth benefits.	l (e) Estimated
	(a) Name and title	(b) Average hours per week devoted t	compensation (Forms	` contr	alth benefits, ributions to ovee benefit	(e) Estimated amount of other
	(a) Name and title		1 '' '	emple plans,	ributions to byee benefit and deferred	l ''
TEI		per week devoted t	o compensation (Forms W-2/1099-MISC)	emple plans,	ributions to oyee benefit	amount of other
	RRY L. BUCHMILLER, M.D.	per week devoted t position	Compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PRI	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12	per week devoted t	o compensation (Forms W-2/1099-MISC)	emple plans,	ributions to byee benefit and deferred	amount of other
PRI	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D.	per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred ipensation	amount of other compensation
PRI MIC PRI	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12	per week devoted t position	Compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PRI MIC PRI RIC	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	orbutions to byee benefit and deferred opensation	amount of other compensation
PRI MIC PRI RIC SEC	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY	per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred ipensation	amount of other compensation
PRI MIC PRI RIC SEC RIC	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D.	per week devoted to position 2.00 2.00 2.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	ributions to opyee benefit and deferred upensation O . O .	amount of other compensation 0
PRI MI(PRI RI(SE(RI(TRI	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	orbutions to byee benefit and deferred opensation	amount of other compensation
PRI MI(PRI RI(SE(RI(TRI ROI	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D.	per week devoted to position 2.00 2.00 2.00 2.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	obutions to bysee benefit and deferred pensation O . O .	amount of other compensation 0 0 0
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PRI MI(PRI SE(RI(TRI ROI HIS MAI GOV	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D.	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00	0 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0 . 0 .	emple plans,	open benefit and deferred pensation O. O. O.	amount of other compensation 0 0 0 0 0 0 0
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PRI MI(PRI RI(SE(RI(TRI ROI HIS MAI GOV MI(RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	0 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0 . 0 . 0 .	emple plans,	O . O . O . O .	amount of other compensation O o O o O o O o
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PRI MIC PRI RIC SEC RIC TRI ROD HIS GOV DAY GOV TII	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D.	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	O compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . O . O .	emple plans,	O . O . O . O . O .	amount of other compensation O . O . O . O . O . O .
PRI MIC PRI RIC SEC RIC TRI ROU HIS GOV MAI GOV MIC COU	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D. JNCILOR	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	0 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0 . 0 . 0 .	emple plans,	O . O . O . O .	amount of other compensation O o O o O o O o
PRI MIC PRI RIC SEC RIC TRI ROD DAY MAI GOV MIC TILL COU PET	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D. UNCILOR CER S. HOPEWOOD, M.D.	2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	O compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . O . O . O .	emple plans,	O . O . O . O . O . O .	amount of other compensation O o O o O o O o O o O o O o
PRI MIC PRI RIC SEC RIC TRI ROD MAI GOV MIC COU PET COU	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. JERNOR/PRESIDENT THRU 12/12 JID MCANENY, M.D. JERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D. JNCILOR TER S. HOPEWOOD, M.D. JNCILOR	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	O compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . O . O .	emple plans,	O . O . O . O . O .	amount of other compensation O O O O O O O O O O O O O
PRI MICON PRI RICE RICE TRI ROD HIS GOV DAV TILL COU PET COU LIS	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D. UNCILOR TER S. HOPEWOOD, M.D. UNCILOR SA A. PATTERSON, M.D.	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	O compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . O . O . O . O .	emple plans,	O. O. O. O.	amount of other compensation O of the compensation
PRI MIC PRI RIC SEC RIC TRI MAL MAL GOV DAY COU PET COU COU COU	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D. UNCILOR FER S. HOPEWOOD, M.D. UNCILOR SA A. PATTERSON, M.D. UNCILOR	2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	O compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . O . O . O .	emple plans,	O . O . O . O . O . O .	amount of other compensation O O O O O O O O O O O O O
PRI MIC PRI RIC SECON HIS GOV MAL GOV TIII CON PET CON HEI	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D. UNCILOR FER S. HOPEWOOD, M.D. UNCILOR SA A. PATTERSON, M.D. UNCILOR ENA P. SANTRY, M.D.	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	O compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . O . O . O . O . O .	emple plans,	O. O. O. O. O. O.	amount of other compensation O O O O O O O O O O O O O
PRI MIC PRI RIC SECON HIS GOV MAL GOV TIII CON PET CON HEI	RRY L. BUCHMILLER, M.D. ESIDENT/PRES-ELECT THRU 12/12 CHAEL T. JAKLITSCH, M.D. ES-ELECT/GOVERNOR THRU 12/12 CHARD B. WAIT, M.D., PHD CRETARY CHARD S. SWANSON, M.D. EASURER BERT M. QUINLAN, M.D. STORIAN RC S. RUBIN, M.D. VERNOR/PRESIDENT THRU 12/12 VID MCANENY, M.D. VERNOR CHAEL J. ZINNER, M.D., FACS GENT MOTHY C. COUNIHAN, M.D. UNCILOR FER S. HOPEWOOD, M.D. UNCILOR SA A. PATTERSON, M.D. UNCILOR	per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	O compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O . O . O . O . O . O .	emple plans,	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	amount of other compensation O O O O O O O O O O O O O

MASSACHUSETTS CHAPTER OF THE AMERICAN

Form 990-EZ (2012) ' COLLEGE OF SURGEONS 04-2383339 Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2 6a and 7a among others)?

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			7,
	activity in Schedule 0	33_	_	<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	١ ا		4,5
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			37
	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	امدا		v
00	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			v
07.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	36	<u>-</u>	<u> X</u>
		7 1	l.	X
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37b		
30 ä	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	l	х
		304		
	· · · · · · · · · · · · · · · · · · ·	1 1		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			
_	· · · · · · · · · · · · · · · · · · ·	1		
40 a		1	İ	
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \(\bigcup \frac{N/A}{\} ; section 4912 \(\bigcup \frac{N/A}{\} ; section 4955 \(\bigcup \frac{N/A}{\} \) Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
D				
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	405	N/	λ .
_	If "Yes," complete Schedule L, Part I	40b	14.7	<u>-</u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958			
_				
O	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		x
44	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► PRRI Telephone no. ► 978 – 92	7 - 8	330	
42 a	The organization's books are in care of \blacktriangleright PRRI Located at \blacktriangleright 500 CUMMINGS CENTER, SUITE 4550, BEVERLY, MA ZIP+4 \blacktriangleright C			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	<u>. </u>	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	725		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
·	If "Yes," enter the name of the foreign country:	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and office the animal and office property of the state of			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
•	of Form 990-EZ	44b		x
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
•	in Schedule O	44d		1
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		L_
		Form 9	90-EZ	(2012)

232173 01-11-13

Form 990-EZ (2012)

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. Department of the Treasury Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

MASSACHUSETTS CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS

Employer identification number 04-2383339

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	369.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: RESEARCH DAY	
GRANTEE NAME: NEW ENGLAND SURGICAL SOCIETY	
GRANTEE ADDRESS: 500 CUMMINGS CENTER, SUITE 4550 BEVE	RLY, MA 01915
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	500.
ACTIVITY CLASSIFICATION: RESIDENT RESEARCH AWARD	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: TO SUPPORT SCHOLARSHIPS AND	FELLOWSHIPS
GRANTEE NAME: ACS FOUNDATION	
GRANTEE ADDRESS: 633 N SAINT CLAIR STREET CHICAGO, IL	60611
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	5,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	7,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ANNUAL MEETING	28,960.
I HA For Panerwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MASSACHUSETTS CHAPTER OF THE AMERICAN

Employer identification number

Name of the organization	MASSACHUSETTS CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS	Employer identification number 04-2383339
COUNCIL, OFFICE	RS, & COMMITTEES	17,157.
OTHER ADMINISTR	ATIVE EXPENSE	4,360.
MEMBERSHIP CAMP		5 500
ACS CHAPTER ADV	OCACY	7,968.
TOTAL TO FORM 9	90-EZ, LINE 16	66,065.
FORM 990-EZ, PA	RT I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET	ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN	/LOSS ON INVESMENT	232.
FORM 990-EZ, PA	RT III, PRIMARY EXEMPT PURPOSE - TO ELEVA	TE THE STANDARDS
OF SURGERY, EST	'ABLISH A STANDARD OF COMPETENCY AND OF CH	ARACTER FOR
PRACTITIONERS O	F SURGERY, TO PROVIDE A METHOD OF GRANTIN	G FELLOWSHIP IN
THE ORGANIZATIO	N, AND TO EDUCATE THE PUBLIC AND THE PROF	ESSION TO
UNDERSTAND THAT	THE PRACTICE OF SURGERY CALLS FOR SPECIA	L TRAINING AND
THAT THE SURGEC	ON ELECTED TO THE FELLOWSHIP IN THIS COLLE	GE HAS HAD SUCH
TRAINING AND IS	PROPERLY QUALIFIED TO PROVIDE SURGERY.	
FORM 990-EZ, PA	RT V, INFORMATION REGARDING PERSONAL BENE	FIT CONTRACTS:
THE ORGANIZATIO	ON DID NOT, DURING THE YEAR, RECEIVE ANY F	UNDS, DIRECTLY,
OR INDIRECTLY,	TO PAY PREMIUMS ON A PERSONAL BENEFIT CON	TRACT.
THE ORGANIZATIO	ON, DID NOT, DURING THE YEAR, PAY ANY PREM	IUMS, DIRECTLY,
OR INDIRECTLY,	ON A PERSONAL BENEFIT CONTRACT.	
		

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Name of the organization MASSACHUSETTS CHAPTER OF THE AMERICAN **Employer identification number** COLLEGE OF SURGEONS 04-2383339 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (b) Average hours (d) Health benefits, (e) Estimated (C) Reportable contributions to employee benefit plans, and deferred compensation compensation (Forms per week devoted to amount of other (a) Name and title W-2/1099-MISC) position compensation (If not paid, enter -0-) EDWARD M. KWASNIK, M.D. COUNCILOR 2.00 0. 0. ANNE C. LARKIN, M.D. COUNCILOR 2.00 0. 0. 0. JOHN B. LAZOR, M.D. 0. 2.00 0. 0. COUNCILOR KEVIN P. MORIARTY, M.D., FACS 2.00 COUNCILOR 0. 0 0. DIMITRY NEPOMNAYSHY, M.D. COUNCILOR 2.00 0. 0. 0. SELWYN O. ROGERS, JR., M.D. COUNCILOR 2.00 0 0 0. JENNIFER E. ROSEN, M.D., FACS 2.00 0. 0. COUNCILOR 0. GEORGE C. VELMAHOS, M.D. 2.00 0. 0. 0. COUNCILOR HASAN B. ALAM, M.D. 0. 0. EX-OFFICIO 2.00 0. CHRISTOPHER G. BOYD, M.D. 0. 2.00 0. COUNCILOR 0. MARGARET M. DUGGAN, M.D. 0. COUNCILOR 2.00 0. 0. ALI TAVAKKOLI, M.D. **FACS** COUNCILOR 2.00 0. 0. 0. ALEXANDER T. HAWKINS, M.D. 0. 0 2.00 0. RESIDENT ELIZABETH GHERARDI KING, M.D. RESIDENT 2.00 0. 0. 0. DESMOND H. BIRKETT, M.M. PAST PRESIDENT THRU 12/12 0.00 0. 0. 0.