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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

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

C Name of organization
TENNESSEE CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS THE

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
600 12TH AVE S

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37203

D Employer identification number
91-1943402

E Telephone number
(615) 242-7275

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW TNACS ORG

J Tax-exempt status (check only one)— ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 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 line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 83,249

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	4,018
	2	Program service revenue including government fees and contracts		2	55,341
	3	Membership dues and assessments		3	23,888
	4	Investment income		4	2
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from 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)	6b	0	
	c	Less direct expenses from gaming and fundraising events	6c	0	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	83,249
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	27,200
	13	Professional fees and other payments to independent contractors		13	451
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	102
	16	Other expenses (describe in Schedule O)		16	61,696
	17	**Total expenses.** Add lines 10 through 16 ▶		17	90,449
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,200
	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	19,452
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	12,252

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	19,452	22	12,252
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	19,452	25	12,252
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	19,452	27	12,252

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
The Mission of the TN Chapter, ACS, is to improve the health of the people of Tennessee and the Southeastern Region of the United States by promoting the ethical practice of the art and science of surgery

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE ORGANIZATION DISTRIBUTES "E-ALERTS" TO ITS MEMBERSHIP CONCERNING ISSUES SUCH AS BREAKTHROUGHS IN SURGICAL PRACTICE, REGULATORY ACTIVITY, PATIENT ACCESS, REIMBURSEMENT, AND PRACTICE MANAGEMENT (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	
29 THE ORGANIZATION CONDUCTED ITS ANNUAL MEETING OVER A 3-DAY PERIOD IN AUGUST 2012, PROVIDING OVER 120 ATTENDEES WITH ACCESS TO 17 25 HOURS OF CONTINUING MEDICAL EDUCATION REPRESENTATIVES OF THE TRAUMA ADVISORY COUNCIL OF TENNESSEE, THE TN SURGICAL QUALITY COLLABORATIVE, THE TENNESSEE COMPREHENSIVE CANCER COALITION, THE AMERICAN CANCER SOCIETY, AND THE TUMOR REGISTRARS OF TENNESSEE ALSO ATTENDED PORTIONS OF THE PROGRAM DURING THE MEETING, THE CHAPTER HOSTED THE "INSPIRING QUALITY" FORUM OF THE AMERICAN COLLEGE OF SURGEONS (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☑

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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 Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
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 O	**33**		No
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)	**34**		No
35a	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)?	**35a**		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	**35b**		No
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 requirements during the year? If "Yes," complete Schedule C, Part III	**35c**		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	**36**		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ **37a**			
b	Did the organization file **Form 1120-POL** for this year?	**37b**		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	**38a**		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . **39a** 0			
b	Gross receipts, included on line 9, for public use of club facilities **39b** 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	**40b**		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	**40e**		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ WANDA MCKNIGHT Telephone no ▶ (615) 242-7275

Located at ▶ 600 12TH AVE S 204 NASHVILLE, TN ZIP + 4 ▶ 37203

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**42b**		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	**42c**		No
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **43**			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	**44a**		No
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**		No
c	Did the organization receive any payments for indoor tanning services during the year?	**44c**		No
d	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**		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**45a**		No
45b	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**		No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	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	**47**		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization a section 527 organization?	**49b**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000. . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ **Yes** ☐ **No**

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

****** 2013-05-13

Signature of officer Date

WANDA MCKNIGHT ADMINISTRATOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
	MICHAEL W CRISLER CPA			P00413598
Firm's name ▶ Crisler CPA PLLC			Firm's EIN ▶	
Firm's address ▶ 147 Sanders Ferry Road Hendersonville, TN 37075			Phone no (615) 824-8142	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ **Yes** ☐ **No**

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TENNESSEE CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS THE

Employer identification number
91-1943402

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	PROGRAM COMMITTEE $24
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	EXECUTIVE COUNCIL $40
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	BANK CHARGES $95
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	WEBSITE EXPENSES $587
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	OTHER $1069
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings $59646
Form 990-EZ, Part I, Line 16 1004	Other Expenses 1004	Royalties $235

Additional Data

Software ID: 12000229
Software Version: 2012v2.0
EIN: 91-1943402
Name: TENNESSEE CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS THE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
PHILLIP BURNS FIRST VP-ELECT	0	0		
WALTER MERRILL GOVERNOR AATS	0	0		
KYLE CUNNINGHAM RESIDENT REPR	0	0		
CAMILLE BLACKLEDGE RESIDENT REPR	0	0		
ELENA PAULUS RESIDENT REPR	0	0		
IGOR VOSKRESENSKY RESIDENT REPR	0	0		
ELIZABETH JACKSON RESIDENT REPR	0	0		
MARTIN FLEMING COMMITTEE CHAIR	0	0		
CORY SIFFRING COUNCILOR	0	0		
DAVID CHATMAN COUNCILOR	0	0		
JASON HARPER COUNCILOR	0	0		
WANDA MCKNIGHT ADMINISTRATOR	25 00	27,200		
JOSEPH SMITH GOVERNOR AUA	0	0		
MARTIN CROCE ABS REPR	0	0		
RAULSTON MAJOR RESIDENT REP	0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)**Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
TONY HALEY STAR REPR	0	0		
OSCAR GRANDAS COUNCILOR	0	0		
BINDHU OOMMEN RESIDENT REP	0	0		
JENNIFER DICOCCO RESIDENT REP	0	0		
REBECCA SNYDER RESIDENT REP	0	0		
DOUG MCDONALD RESIDENT REP	0	0		
TIFFANY BEE PAST PRESIDENT	0	0		
CRAIG SWAFFORD YOUNG FLWS REPR	0	0		
KEN SHARP ACGS REPR	0	0		
RAY COMPTON GOVERNOR AT LRG	0	0		
JOE B PUTNAM GOVERNOR STSA	0	0		
OSCAR GUILLAMONDEGUI President	0	0		
JOE COFER PRES-ELECT	0	0		
LAURA WITHERSPOON GOVERNOR AT LRG	0	0		
BENJAMIN SCHARFSTEIN COUNCILOR	0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
NIPUN MERCHANT GOVERNOR AT LRG	0	0		
AARON MARGULIES STAR REPR	0	0		
ALEXANDER PARIKH COUNCILOR	0	0		
BEN ZARZAUR VP/COMM CHAIR	0	0		
ROBERT WILMOTH COUNCILOR	0	0		
TYSON THOMAS COUNCILOR	0	0		
WRIGHT JERNIGAN COUNCILOR	0	0		
NORMA EDWARDS COUNCILOR	0	0		
JAMES RICHARDSON COUNCILOR	0	0		
DAN BEAUCHAMP SECR-TREAS	0	0		
JULIE DUNN PAST PRESIDENT	0	0		
GEORGE MAISH COUNCILOR	0	0		