



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



Form 990-EZ

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 private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
WA CHAPTER OF AMERICAN COLLEGE
OF SURGEONS C/O SUSAN LENTZ

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO BOX 2459

City or town, state or province, country, and ZIP or foreign postal code
LYNNWOOD, WA 98036

D Employer identification number
51-0152206

E Telephone number
(206) 794-9124

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.WACHAPTERACS.ORG

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 93,910

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
	2 Program service revenue including government fees and contracts	2 59,440
	3 Membership dues and assessments	3 34,470
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory 5a	5c
	b Less cost or other basis and sales expenses 5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c	
	6 Gaming and fundraising events	6d
	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	
Expenses	c Less direct expenses from gaming and fundraising events 6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a Gross sales of inventory, less returns and allowances 7a	7c
	b Less cost of goods sold 7b	
	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 93,910
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	
	10 Grants and similar amounts paid (list in Schedule O) 10	
	11 Benefits paid to or for members 11	12
	12 Salaries, other compensation, and employee benefits 12	
Net Assets	13 Professional fees and other payments to independent contractors 13 10,455	
	14 Occupancy, rent, utilities, and maintenance 14	15 984
	15 Printing, publications, postage, and shipping 15	
	16 Other expenses (describe in Schedule O) 16 67,749	
	17 Total expenses. Add lines 10 through 16 ▶ 17 79,188	18 14,722
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18	
	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) 19 142,811	
	20 Other changes in net assets or fund balances (explain in Schedule O) 20 0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 157,533	

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	142,811	22	157,533
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	142,811	25	157,533
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	142,811	27	157,533

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

☒

What is the organization's primary exempt purpose?
EVALUATE THE QUALITY OF SURGERY BY CONDUCTING A PROGRAM OF PROFESSIONAL EDUCATION FOR ITS MEMBERS

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

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

☐

28a

29

(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)

62,548

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
RAVI MOONKA MD FACS PRESIDENT	1 00	0	0	0
MORRIS JOHNSON MD FACS PAST PRESIDENT	1 00	0	0	0
HEATHER EVANS MD FACS SECRETARY-TREASURER	1 00	0	0	0
J DAVID BEATTY MD FACS PRESIDENT ELECT	1 00	0	0	0
MATTHEW CROUTHAMEL MD FACS COUNCILOR	1 00	0	0	0
SCOTT STEELE MD FACS COUNCILOR	1 00	0	0	0
EDMOND RAKER MD FACS COUNCILOR	1 00	0	0	0
BLAIR WASHINGTON MD FACS COUNCILOR	1 00	0	0	0
GIANA DAVIDSON MD COUNCILOR	1 00	0	0	0
W SCOTT HELTON MD FACS COUNCILOR	1 00	0	0	0
CHRISTOPHER STAHLER JR MD FACS SENIOR COUNCILOR	1 00	0	0	0
MIKA SINANAN MD GOVERNOR	1 00	0	0	0

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		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)		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)?		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		
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		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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		
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?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
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), 501(c)(4), and 501(c)(29) 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		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>SUSAN LENTZ</u> Telephone no ▶ <u>(206) 794-9124</u> Located at ▶ <u>PO BOX 2459 LYNNWOOD, WA</u> ZIP + 4 ▶ <u>98036</u>		
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)? If "Yes," enter the name of the foreign country ▶	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶		No
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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		No
c	Did the organization receive any payments for indoor tanning services during the year?		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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		

		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		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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 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	***** Signature of officer		2016-11-14 Date				
	SUSAN LENTZ ADMINISTRATOR Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name PATRICIA M MCGOORTY CPA		Preparer's signature		Date	Check ☐ if self-employed	PTIN P00062454
	Firm's name ▶ MCGOORTY EISENMAN INC PS					Firm's EIN ▶ 26-0278750	
	Firm's address ▶ 10410 - 19TH AVE SE STE 102 EVERETT, WA 98208					Phone no (425) 385-3483	

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

Additional Data

Software ID:

Software Version:

EIN: 51-0152206

Name: WA CHAPTER OF AMERICAN COLLEGE
OF SURGEONS C/O SUSAN LENTZ

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28

TO PROVIDE OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT, EDUCATION AND
NETWORKING FOR SURGEONS IN WASHINGTON STATE TO IMPROVE THE QUALITY OF SURGICAL
CARE

(Grants \$ 0)

If this amount includes foreign grants, check here . . . ☐

28a

62,548

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: WA CHAPTER OF AMERICAN COLLEGE
OF SURGEONS C/O SUSAN LENTZ

EIN: 51-0152206

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
WA CHAPTER OF AMERICAN COLLEGE
OF SURGEONS C/O SUSAN LENTZ**Employer identification number**

51-0152206

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ANNUAL MEETING EXPENSES AMOUNT 62548 DESCRIPTION BANK CHARGE AMOUNT 1971 DESCRIPTION OFFICERS' MEETING AMOUNT 1457 DESCRIPTION TAX AND LICENSES AMOUNT 10 DESCRIPTION WEBSITE AMOUNT 900 DESCRIPTION ACS MEETING TRAVEL AMOUNT 863 TOTAL TO FORM 990-EZ, LINE 16 67749