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Department of

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AUG 2 7 2018
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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 and its instructions is at www irs gov/form990.

OMB No 1545-0047

Open to Public Inspection

© Creek disposage Name change	Α			lendar ye ar, or tax year beginning	10/1/2016	, and er	nding	9/30/2017	
Name change	В	Check if a	applicable	C Name of organization THE SOL	THERN SURGICAL ASSOCI	ATION	D E	mployer identificati	on number
Market of undage		Address (change						
Suning return	\Box	Nama ch	4000	.	s not delivered to street address)	Room/suite			
First returnitemental		Marrie Cit	13 CHIL DREN'S WAY 512-40				E T	elephone number	
Foreign country name Foreign country name Foreign promise hattercurity Foreign postal code G. Gross secrets 308,333 Application perioding F. Name and address of principal officer V. SUZANNEK KLIMBERG 13 CHILDREN'S WAY SLOT 512±0.LITTLE High is has a group reun bit inchorprises? Ves X. No Tair exemplisation 301 (c.)(X) 501 (c.) 0 0 0 0 0 0 0 0 0	\sqcup	Initial retu	ītu	•			(501) 364-5130	
Replication perding F. Name and address of principal officer VSUZANNE KLMBERG 13 CHILDREN'S WAY SLOT 512-40 LITTLE FI FILEP Telephore all subordantes enclusions? Vse X no VSUZANNE KLMBERG 13 CHILDREN'S WAY SLOT 512-40 LITTLE FI FILEP Telephore all subordantes enclusions? Vse X no VSUZANNE KLMBERG 13 CHILDREN'S WAY SLOT 512-40 LITTLE FI FILEP Telephore all subordantes enclusions? Vse X no VSUZANNE KLMBERG 13 CHILDREN'S WAY SLOT 512-40 LITTLE FILEP Telephore all subordantes enclusions? Vse X no VSUZANNE KLMBERG 13 CHILDREN'S WAY SLOT 512-40 LITTLE FILEP Telephore encountered by the companies of the power		Final return	/terminated				code		
VSUZANNE KLIMBERG 13 CHILDRENS WAY SLOT 512-40 LTTLE NEW AND A real subconductes included? Yes No Tair-exempt saulus So 1 (c)(3) So 1 (c) C 1 4 (nasin no 447/a)(1) or 1 1 1 1 1 1 1 1 1		Amended	i return				G C	Gross receipts \$	308,133
The recemps status		Application	on pending	F Name and address of principal officer			H(a) Is this a gro	oup return for subordinate	es? Yes X No
Webster: WWW/SOUTHERNSURGORG				V SUZANNE KLIMBERG 13 CH	LDREN'S WAY SLOT 512-	40, LITTLE R	H(b) Are all su	bordinates included?	Yes No
Note Comparison Corporation Trus X Association Other Livear of formation Note of liquid identicity TX	1 7	Tax-exem	pt status	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1	or 527	If "No." a	ttach a list (see instru	uctions)
Part Summary Bnelly describe the organization's mission or most significant activates TO FURTHER THE ART AND SCIENCE OF THE	JI	Vebsite	e: ► WV	W SOUTHERNSURG ORG			H(c) Group ex	emption number 🕨	
The standard of the comparisation's mission or most significant activities TO FURTHER THE ART AND SCIENCE OF THE PRACTICE OF SURGERY, PARTICULARLY IN THE SOUTHERN STATES OF THE UNITED STATES OF AMERICA	K	Form of a	rganization	Corporation Trust X As	sociation Other >	L Year	r of formation	M State	of legal domicile TX
PRACTICE OF SURGERY, PARTICULARLY IN THE SOUTHERN STATES OF THE UNITED STATES OF AMERICA 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of the releasests 3 Number of voling members of the governing body (Part VI, Ine 1a) 4 Number of voling members of the governing body (Part VI, Ine 1a) 5 Total number of volunteers (estimate if necessary) 7 Total number of volunteers (estimate if necessary) 7 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 1h) 9 Pritor Year 10 Investment income (Part VIII, line 1h) 11 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Total fundraising expenses (Part IX, column (A), lines 25) 17 Other expenses (Part IX, column (A), lines 25) 18 Total expenses Add lines 13-17 (must equal Part IX, line 12) 19 Revenue less expenses Subtract line 18 from line 12 10 Total sessets (Part X, line 16) 10 Total sessets (Part X, line 16) 11 Signature Block 11 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 20 10 Total assets (Part X, line 16) 10 Total sessets (Part X, line 26) 10 Total sesse	G	art I	Su	mmary					
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18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . 235.597 284.307 19 Revenue less expenses Subtract line 18 from line 12 56,448 23.826 20 Total assets (Part X, line 16) 847,595 893,424 21 Total liabilities (Part X, line 26) 0 0 21 Total liabilities (Part X, line 26) 847,595 893,424 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	ă	b				0			
19 Revenue less expenses Subtract line 18 from line 12 56,448 23,826	ш	17	Other e	xpenses (Part IX, column (A), line	s 11a-11d, 11f-24e)	ļ		211,097	255,205
Beginning of Current Year End of Year		18	Total ex	penses Add lines 13-17 (must ed	qual Part IX, column (A), lin	e 25).		235,597	284,307
Total assets (Part X, line 16) 21 Total habilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 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 V Suzanne Klimberg Type or print name and title Print/Type preparer's name Preparer's signature Primis name ► RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA PA Firm's name ► RAMSEY EDDINGTON CPA PA Firm's name ► RAMSEY EDDINGTON CPA PA Firm's address ► P O BOX 218, LITTLE ROCK, AR 72203 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. 893,424 894,49 893,424		19	Revenu	e less expenses Subtract line 18	from line 12			56,448	23,826
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	20 6	}					Beginning o	f Current Year	
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	Sets	20	Total as	sets (Part X, line 16)		(847,595	893,424
Signature Block	(, ,		•				0	0
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 V Suzanne Klimberg Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name P					e 21 from line 20		L	847,595	893,424
Sign Here Signature of officer V Suzanne Klimberg V Suzanne Klimb									
Sign Here Signature of officer V Suzanne Klimberg V Suzanne Klimberg V Suzanne Klimberg T/27/2018 Type or print name and title									
Here V Suzanne Klimberg Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA Prim's name RAMSEY EDDINGTON CPA PA Firm's salive Firm's address P O BOX 218, LITTLE ROCK, AR 72203 Phone no (501) 372-2322 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.	and	belief, it	is true, com	ect and complete Declaration of preparer (other than officer) is based on all in	formation or which	preparer nas a	any knowleage	
V Suzanne Klimberg Type or print name and title Print/Type preparer's name Preparer Use Only RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA Prim's name RAMSEY EDDINGTON CPA PA Firm's address P O BOX 218, LITTLE ROCK, AR 72203 May the IRS discuss this return with the preparer shown above? (see instructions) PTIN Check If PTIN Self-employed P00138898 P00138898 Firm's address P O BOX 218, LITTLE ROCK, AR 72203 Phone no (501) 372-2322 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.	Sig	gn		Same					
Type or print name and title Print/Type preparer's name Preparer Use Only RAMSEY EDDINGTON CPA Firm's name RAMSEY EDDINGTON CPA Firm's saddress POBOX 218, LITTLE ROCK, AR 72203 Phone no (501) 372-2322 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.	He	ere		3				7/27/2018	
Paid Preparer Use Only RAMSEY EDDINGTON CPA Firm's name ► RAMSEY EDDINGTON CPA PA Firm's address ► P O BOX 218, LITTLE ROCK, AR 72203 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Print/Type preparer's name RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA Prim's EIN ► 71-0783206 Phone no (501) 372-2322 Yes No For Paperwork Reduction Act Notice, see the separate instructions.								772772010	
Paid Preparer Use Only RAMSEY EDDINGTON CPA Firm's name ► RAMSEY EDDINGTON CPA PA Firm's elin ► 71-0783206 Phone no (501) 372-2322 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)					Brangrada a anati		75	 	DTIN
Preparer Use Only RAMSEY EDDINGTON CPA RAMSEY EDDINGTON CPA 7/27/2018 self-employed P00138898 Firm's name ► RAMSEY EDDINGTON CPA PA Firm's ein ► 71-0783206 Firm's address ► P O BOX 218, LITTLE ROCK, AR 72203 Phone no (501) 372-2322 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)	D-	:4	Par	iv rype preparer is riaine	Preparer's signature		Date	Check	1
Use Only Firm's name ► RAMSEY EDDINGTON CPA PA Firm's elin ► 71-0783206 Firm's address ► P O BOX 218, LITTLE ROCK, AR 72203 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)			RA	MSEY EDDINGTON CPA	RAMSEY EDDINGTO	N CPA	7/27/20		· · ·
Firm's address ► P O BOX 218, LITTLE ROCK, AR 72203 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Phone no (501) 372-2322 Yes No Form 990 (2016)		-	' [
May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)	\ Us	se Uni	y —						
For Paperwork Reduction Act Notice, see the separate instructions.							Phor	ne no (501) 37	
	Ma	y the II	RS discu	ss this return with the preparer shi	own above? (see instruction	ns)			Yes No
		-	work Red	luction Act Notice, see the separa	te instructions.				Form 990 (2016)

	90 (2016)		HERN SURGICAL A				58-1410412	Page 2
Pa	rt III		of Program Service nedule O contains a			s Part III		
1 ,	TO FURT	scribe the organ	nization's mission AND SCIENCE OF T D STATES OF AMER	HE PRACTICE OF	SURGERY, PARTIC			
2	the prior	Form 990 or 99	ertake any significant 0-EZ? new services on Scheo		during the year which	n were not listed on	Yes	X No
3	services	· .	se conducting, or mak changes on Schedule:	-	ies in how it conduct	s, any program	. Yes	X No
4	Describe expenses	the organizations. Section 501(c	n's program service and sold (c)(4) orgeonue, if any, for each	ccomplishments for janizations are requ	ured to report the ar			
4a	PRACTIO	MEMBERSHIF CES AND INNO		HOT SPRINGS VA IENT AND PROCE	FOR MEMBERS TO	D DISCUSS NEW TI	ECHNIQUES IN SU	
4b	(Code) (Reve)
4c	(Code) (Expenses \$	ıncludır	ng grants of \$) (Reve	nue \$)
4d	Other pro	-	(Describe in Schedul 0 including	•	0)(Re	venue \$	0)	
4 -	T-4-1			555.55	_			



Form 990 (2016) THE SOUTHERN SURGICAL ASSOCIATION Checklist of Required Schedules

		- 1	res	No
1	rs the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ť		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		l	
	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 1	6		_X_
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		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		v
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
3	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
0	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
þ	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	ļi	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	I	X
a	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
U	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			ĺ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		 ^
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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 (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
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		×
	700, 00	L		$\perp \Delta$

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	Chackliet	At HAMILITAN	• Schoduloe	(continuod)
Part IV	UNICONNIST	of Required	JULIEUUIES	icominueur

	,		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
••	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	l		.,
240	employees? If "Yes," complete Schedule J	23		_X_
24 a	Did 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	1		
	24b through 24d and complete Schedule K if "No," go to line 25a	1245		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.70		_^_
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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 .	25a		
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-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ļ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	F		<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	 	X
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 		-^-
	If "Yes," complete Schedule N, Part II	32	l	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, Iine 1	34	L	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	The state of the s		{	ļ
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
30	organization? If "Yes," complete Schedule R, Part V, line 2	26	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		{	1
	VI	37	}	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Par				
	 Check if Schedule O contains a response or note to any line in this Part V. 			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			İ
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		}	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least One is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 O	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	١		
L	account)? .	4a	 -	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	1
	(FBAR)	1	1	ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	İ	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	(ļ
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		i	
	required to file Form 8282?	7c	<u> </u>	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	}	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the spon soring organization make any taxable distributions under section 4966?	9a	1	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	 -
10	Section 501(c)(7) organizations. Enter	1	1	1
а	Initiation fees and capital contributions included on Part VIII, line 12	1		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1	{	}
a	Gross income from members or shareholders]	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		Ì
	against amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_	{	}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans [3b]	1	}	1
C 440	Enter the amount of reserves on hand	1		1
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	 	X
	in rea, near thing a norm real to report these payments. In riva, provide an explanation in schedule O	L140	I	

Form 91	20 (2016) THE SOUTHERN SURGICAL ASSOCIATION 58-141		_ p	age 6
Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			ons
	 Check if Schedule O contains a response or note to any line in this Part VI 			X
Secti	on A. Governing Body and Management		·	
	on a continue of the management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
•	If there are material differences in voting rights among members of the governing body, or	1		
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	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	-		<u> </u>
·	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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 become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
	· · · · · · · · · · · · · · · · · · ·	├-		 ^- -
7a	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		X
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	1		}
_	the year by the following			1
a	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1		\
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ļ	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
		<u> </u>	Yes	No
_	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,			
4.4	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	l		
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	 -	 -
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1,0		ļ
	describe in Schedule O how this was done	12c		-
13	Did the organization have a written whistleblower policy?	13	ļ	X
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	1	ĺ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		1
a	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			1
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1	1	ĺ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1	}	}
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl	у)	
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	ıcy, ar	nd	
	financial 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			
	ORGANIZATION (501) 364-5130	!		
	13 CHILDREN'S WAY SLOT 512 40. LITTLE ROCK, AR 72202			

•											
Form 990 (2016)	THE SOUTHERN SURGICAL ASS	OCIATION								58-14104	12 Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	es, K	еу	Em	plo	yee	s, H	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		te to	ลกง	z lin	ıe ır	n this	Pa	rt VII		
Section A.	Officers, Directors, Trustees, Key Er										
	this table for all persons required to be I									with or within the	
organization's		isted Report Co	mpen	Sau	OH I	OI ti	ie ca	ienc	iar year ending v	vith or within the	
-	of the organization's current officers, di	rectors trustees	(whe	the	rinc	łivid	، واديا	or o	rnanizations) re	nardless of amo	int
	ion Enter -0- in columns (D), (E), and (F						uu.s .	J. U	194.11241101137, 10	garaicss or arrior	2111
 List the who received organization a 	of the organization's current key emplor e organization's five current highest com- reportable compensation (Box 5 of Formand any related organizations	npensated emplo n W-2 and/or Bo	oyees ox 7 o	(ot	her orm	thar 109	an c 9-MIS	office SC)	er, director, truste of more than \$1	ee, or key emplo 00,000 from the	
\$100,000 of r	of the Organization's former officers, ke eportable compensation from the organi	ization and any i	relate	d or	gan	uzat	ions				
	of the Organization's former directors o more than \$10,000 of reportable compe										the
	n the following order individual trustees lemployees; and former such persons	or directors, ins	titutio	nal	trus	tee	s, off	cers	s, key employees	s, highest	
Check th	is box if neither the organization nor any	related organiz	ation	con	npe	nsat	ted ar	ту с	urrent officer, dir	ector, or trustee	
	(B) Average hours per	box,	unles	Pos heck ss pe d a d	rson	than c is both	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	from the organization (W-2/1099-MISC) from the organization (W-2/1099-MISC)		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SELW	YN VICKERS	1 00				1					
PRESIDENT		0 00	X		X				0	0	
	ONY W MEYER	1 00	i					1	-		
VICE PRESI		0 00			X	 			0	0	-
>-6	RD A LYNN	1 00	1	Ì]	1	Ì			
VICE PRESID		0 00		-	×	├ ─	├		0	0	
SECRETARY	(4) KELLY MCMASTERS 100										
	SECRETARY										
TREASURER											
(6) LEWIS		1 00			 ^		 		 		
COUNCIL		0 00	1				1	1	0	o	
	HY EBERLEIN	1 00				\Box		$\overline{}$			
COUNCIL		0 00			L				0	0	

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(8) B MARK EVERS

(12) PAMELA SCHMIDT

(13)

COUNCIL

COUNCIL

COUNCIL

EMPLOYEE

EMPLOYEE

(9) SPENCE TAYLOR

(10) DAVID HERNDON

(11) LINDSEY OVERMAN

(14)

0

9,500

15,000

0

0

0

0

(A) Name and title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation (more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation (w-2/1099-MiSC)		Reportable Est compensation amore from related organizations comp (W-2/1099-MISC) from organizations and and and and and amore from the fr		Estir amo ot compe fron organ and r	F) mated iunt of ther ensation in the nization related izations							
(15)		_			-					+			
(16)		-	-	-	-								
(17)		 		-	-					+			
(18)			-		-					\top			
(19)					-		_			+			
(20)		 			-					\dashv			—
(21)					-					-			
(22)			\vdash	-	-					-			
(23)		-	-	-	-					+			
(24)			-	\vdash	-	-	-			+			
(25)				_	-					\dashv			
 Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not increportable compensation from the organization) 	mited to those lis	sted a		/e) v	who	recei	▶ • ved	24,500 0 24,500 I more than \$100	,000 af	0 0			0 0
3 Did the organization list any former officer, dir		keve	emo	love	e (or hini	165	t compensated			Y	res l	No
employee on line 1a? If "Yes," complete Schei	dule J for such in	dividi	ual							-	3	_}	X
4 For any individual listed on line 1a, is the sum the organization and related organizations gre individual	•										4		X
5 Did any person listed on line 1a receive or according services rendered to the organization? If "				-			_		/idual		5		<u>х</u>
Section B. Independent Contractors				_									_
Complete this table for your five highest comp compensation from the organization. Report c year.										n's tax	x		
(A) Name and business ad	(A) (B) Name and business address Description of services						vices	Cor	(C)	ation			
				_									0
							 	 					0
													0
2 Total number of independent contractors (inclu		ted to	tho	se	liste	d abo	ve)) who received					0
more than \$100,000 of compensation from the organization ▶ 0													

Pan	VIII	 Statement of Revenue Check if Schedule O contains a response or note to any line 	in this Part VIII			
,	F" 1		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
srants ounts	1a b	Membership dues . 1b 77,00	_	revenue	·	512-514
s, Gifts, C mllar Am	d e	Related organizations 1d	0		ļi	
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and similar amounts not included above 1f 150,00		3		
	g h	Noncash contributions included in lines 1a-1f Total Add lines 1a-1f Business Code	227,005	, ,	,	
92	20	<u> </u>	⊣ **	74 705		74 705
e 6	2a	ANNUAL MEETING REGISTRATION	74,785			74,785
Program Service Revenue	b		0	 		
اعدا	d	· · · · · · · · · · · · · · · · · · ·				
ı, Si	u					
grar	f	All other program service revenue	1 0	 		
P.O.	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest, and	7 1,7 00			
		other similar amounts)	6,343	6,343		6,343
	4	Income from investment of tax-exempt bond proceeds	• 0	*		
	5	Royalties	• 0)		
		(i) Real (ii) Personal				
	6a	Gross rents	7		}	1
	b	Less rental expenses	-] .		}	
	C	Rental income or (loss)	0			Ì
	d	Net rental income or (loss)	• 0		i	
	7a	Gross amount from sales of (i) Securities (ii) Other				
	}	assets other than inventory 0	0			
	b	Less cost or other basis				
	Ì	and sales expenses 0	<u>o</u>			Ì
	С	Gain or (loss)	0			
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a	0			
he	ь	Less direct expenses b	Ö			
δ		Net income or (loss) from fundraising events	- C) 		
	,	Gross income from gaming activities See Part IV, line 19	0			
	ь	Less direct expenses b	<u></u>			1
	L	Net income or (loss) from gaming activities	•) 	ļ	
		Gross sales of inventory, less	-	,		
		returns and allowances a	0	, hy	1	}
	ь	Less cost of goods sold b	0		}	
	С	Net income or (loss) from sales of inventory	·	<u>)</u>	1	
		Miscellaneous Revenue Business Code			1	
	11a	MISCELLANEOUS)		<u> </u>
	ь		C			
	C		(
	d	All other revenue .		·		
	e	Total Add lines 11a–11d	·			
	12	Total revenue. See instructions	<u> 308,133</u>	81,128	_	0 81,128

Part IX Statement of Functional Expenses

Do not include amounts reported on films 6b, 7b, 8b, 8b, and 10b of Part VIII. (c) (c) (c) Fortidising special properties of the part of t	•	on 504(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note			ompiete column (A)	
omestic governments. See Part IV, Ine 21 Grains and other assistance to domestic individuals. See Part IV, Ine 22 Grains and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16 Benefits paid to or for members Compensations of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (see fined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)) and approach section 4016(f) and 403(f) employer contributions (include section 4016) and 403(f) employer contributions (include section 4016) and 403(f) employer contributions) Coher employee benefits Described and the section 4058(f)(f) and 403(f) employer contributions) Coher employee benefits Described and the section 4058(f) and 403(f) employer contributions) Coher employee benefits Described and the section 4058(f) and 403(f) employer contributions) Coher employee benefits Described and the section 4058(f) and 403(f) employer contributions) Coher employee benefits Described and the section 4058(f) and 403(f) employer contributions) Coher employee benefits Described and the section 4058(f) and 403(f) employer contributions) Coher employee benefits Coher employee benefits Coher (file nt Ig amount access to 94 of line 25, column (A) amount, ist line 10 generales on Screecie O Coher employees Coher		not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	Management and	Fundraising
2 Grants and other assistance to dornestoc individuals. See Part IV, line 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	Grants and other assistance to domestic organizations				
Individuals See Part IV, Ine 22 0 0 0 0 0 0 0 0 0			0		ζ· • · · · · · · · · · · · · · · · · · ·	
3 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 18	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		individuals See Part IV, line 22	0		1,	
Individuals See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0	3	Grants and other assistance to foreign			,	
Individuals See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0		organizations, foreign governments, and foreign			'	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(t)(1) and persons (as defined under section 4958(t)(1)) and persons (as defined under section 4958(t) and 403(b) employer contributions) 7 Other salanes and vages 8 Pension plan accruals and contributions (include section 401(t)) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Agenatic 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0			
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trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons (described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	Compensation of current officers, directors,				
6 Compensation not included above, to disqualified persons (as defined under section 4958(0(1)) and persons described in section 4958(c)(3)(B) 7 Other salanes and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 14,602 14,602 15 Pess for services (non-employees) 16 Management 17 Legal 18 Portion (10 Payroll taxes) 19 Professional fundraising services See Part IV, line 17 19 Investment management fees 10 Other salanes and exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 10 Advertising and promotion 10 Coupancy 10 Coupancy 10 Coupancy 10 Coupancy 10 Coupancy 10 Coreferences, conventions, and meetings 10 Conferences, conventions, and meetings 170,154		•			ol	
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persons described in section 4958(c)(3)(B) 24,500 24,500 3						
7 Other salaries and wages 8 Pension plan accurates and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 Payroll taxes			24,500		24.500	
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from a combined educational campaign and fundraising solicitation. Check here	26				}	
fundraising solicitation. Check here ► ☐ if					<u>{</u>	
		· · · —			Į į	
10000000 SENDING TAKE DEC 7001		fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 286,769 304,843 2 2 Savings and temporary cash investments 560,826 588,581 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 0 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see in structions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a h Less accumulated depreciation 10b 0 10c 0 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities See Part IV, line 11 ol 12 0 13 Investments-program-related See Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 847.595 16 893,424 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue . 19 20 Tax-exempt bond Irabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other Trabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 0 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here X and complete lines 30 through 34 Net Assets 30 Capital stock or trust principal, or current funds 847,595 30 893,424 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 847,595 33 893,424 Total liabilities and met assets/fund balances 893,424 847,595 34

	90 (2016) THE SOUTHERN SURGICAL ASSOCIATION		8-1410412	Pag	е 12
<u>Part</u>	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12).	1		308	,133
2	Total expenses (must equal Part IX, column (A), line 25)	2			,307
3	Revenue less expenses. Subtract line 2 from line 1 .	3		23	,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		847	,595
5	Net unrealized gains (losses) on investments	5		22	,003
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	L	893	3,424
<u>Part</u>	· · · · · · · · · · · · · · · · · · ·				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
				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 O		1 1		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_X_	L
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1		
	reviewed on a separate basis, consolidated basis, or both		1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		}		
	Separate basis Consolidated basis Both consolidated and separate basis		1		١
С	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?		2c		}
	If the organization changed either its oversight process or selection process during the tax year, explain in				<u> </u>
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				 ^
-	required audit or audits, explain why In Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990	(2016

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

OMB No 1545-0047 2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

THE SOUTHERN SURGICAL ASSOCIATION	
Form 990, Part VI, Section B, Line 11B FORM 990 IS REVIEWED BY THE TR	REASURER AND RETURN
PREPARER PRIOR TO FILING	
Form 990, Part VI, Section B, Line 19 THE ORGANIZATION'S GOVERNING I	DOCUMENTS AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND BY	CONTACT THROUGH THE ORGANIZATION'S
WEBSITE	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
THE SOUTHERN SURGICAL ASSOCIATION	58-1410412
1	100 1410412

