Form <b>990-T</b>	E	Exempt Organization Bu	sine	ess Inco	ome <sup>-</sup>	Tax R	etur	n	OMB No 1545-00	47
*		(and proxy tax und	der se	ection 603	3(e))		191	2	2019	1
γ .	For cal	lendar year 2019 or other tax year beginning		, and e				_	_ ZU 19	,
Department of the Treasury Internal Revonue Service	<b></b>	► Go to www.irs gov/Form990T for to Do not enter SSN numbers on this form as it ma					01(c)(	3)	Open to Public Inspect 501(c)(3) Organization	ction fo
A Check box if address changed		Name of organization ( Check box if name	change	d and see instr	uctions.)			Emp	oloyer identification num oloyees' trust, see ructions)	nber
B Exempt under section	Print	AMERICAN TRAUMA SOCIE	ΓY.	INC.				2	23-717393	6
X 501(c)(30B	or	Number, street, and room or suite no. If a P.O. bo						E Unre	plated business activity instructions )	
408(e) <del>220(e)</del>	- Type	201 PARK WASHINGTON C'	r					(386	instructions )	
408A 530(a)		City or town, state or province, country, and ZIP	or foreig	n postal code	-					
529(a)		FALLS CHURCH, VA 2204	<u>46-4</u>	527				519	130	
C Book value of all assets at end of year		F Group exemption number (See instructions )	<u> </u>				<del>-</del>			
		G Check organization type ► X 501(c) co		n 50	1(c) trust		401(	a) trust	Other to	rust
		tion's unrelated trades or businesses	1	· · · · · · · · · · · · · · · · · · ·		e the only (o				
		ee Statement 1				e, complete l			•	
		ce at the end of the previous sentence, complete F	Parts I ar	nd II, complete	a Schedu	le M for eac	n additi	onal trad	e or	
business, then complete								<u> </u>	[TF]	
•	-	oration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controll	ea group?	,		Y	es X No	
		ifying number of the parent corporation.			Talani	hone numbe		410	296-6363	
		de or Business Income		(A) Inc			xpens		(C) Net	
1a Gross receipts or sal	-		<u> </u>	(14)	-	(0)		<u></u>	(0) 1101	
b Less returns and allo		c Balance	1c							
2 Cost of goods sold (			2		-					
3 Gross profit Subtract		•	3						1	
4 a Capital gain net incoi			4a							
		art II, line 17) (attach Form 4797)	4b							
c Capital loss deductio	n for trus	its	4c			r	-			
5 Income (loss) from a	partners	thip or an S corporation (attach statement)	5					<u> </u>	FIVED _	<u> </u>
6 Rent income (Sched	ıle C)		6				2		- 0000	
7 Unrelated debt-finan-	ced incon	ne (Schedule E)	7_			<u> </u>	<u> </u>	OV 1	9 2020	
8 Interest, annuities, ro	yalties, a	nd rents from a controlled organization (Schedule F)				ļ		-		
		n 501(c)(7), (9), or (17) organization (Schedule G						OGDE	‡N, U '	
10 Exploited exempt act	-	, ,	10			<u> </u>				
11 Advertising income (		· ·	11	<del></del>	0.51.4	<del>                                      </del>				1 /
·		s; attach schedule) Statement 2	12		8514.					$\frac{14}{14}$
13 Total. Combine line: Part II Deduction		gn 12 ot Taken Elsewhere (See instructions f	13		8514.			<del></del>	1 65.	14.
	s must b	be directly connected with the unrelated bus	iness in	ncome)	Juctions	, 				
•	ficers, dii	rectors, and trustees (Schedule Kr)					•	14		
15 Salaries and wages								15	<del> </del>	
16 Repairs and mainter	nance							16	ļ. <u>.</u>	
17 Bad debts								17	<del> </del>	
18 Interest (attach sch	edule) (se	ee instructions)						18	<del></del>	
19 Taxes and licenses	- 45			ı	aa			19		
20 Depreciation (attach		· · · · · · · · · · · · · · · · · · ·			20			-		
	aimed or	Schedule A and elsewhere on return		į	21a			21b	<del> </del>	
22 Depletion		manaktun ninn						22	<del></del>	
<ul><li>23 Contributions to det</li><li>24 Employee benefit pr</li></ul>		inpensation plans						24	<del> </del>	
25 Excess exempt expe	-	chedule I)						25		
26 Excess readership of								26	<del>                                     </del>	
27 Other deductions (a	7			See	Stat	ement	3	27	1150	03.
28 Total deductions A		The state of the s		200			-	28	1150	
	,	ncome before net operating loss deduction. Subtra	ct line 2	8 from line 13				29	-29	
		oss arising in tax years beginning on or after Janu								
(see instructions)	•	- · · · · ·	•		Stat	ement	4	30	<u> </u>	0.
31 Unrelated business	taxable ır	come Subtract line 30 from line 29						31	-29	
		work Reduction Act Notice, see instructions			$\cap$				Form <b>990-T</b> (	(2019

		AMERICAN TRAUMA SOC				<del> </del>	23-7	173930	Page 2
Part		otal Unrelated Business Taxal					<del></del>		
		unrelated business taxable income computed	from all unrelated trades or bus	inesses (see i	nstructions)	· ·	32	-29	<u>989.</u>
33	Amount	s paid for disallowed fringes					33		
34	Charitab	le contributions (see instructions for limitation	ı rules)			سو	34		<u> </u>
35	Total un	related business taxable income before pre-20	18 NOLs and specific deduction	n Subtract line	34 from the sum	of lines 32 and 33	35	-29	<u>989.</u>
36	Deduction	on for net operating loss arising in tax years be	eginning before January 1, 2018	3 (see instruct	ions)		36		
37	Total of	unrelated business taxable income before spe	cific deduction. Subtract line 36	from line 35		7	37	-29	989.
38	Specific	deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)			Y	38	10	000.
		ed business taxable income Subtract line 38	·	r than line 37	-	• •		•	
		smaller of zero or line 37	•		•	- 11	39	-29	989.
Part	IV T	ax Computation							
		ations Taxable as Corporations Multiply line	39 by 21% (0.21)			• · · · · · · · · · · · · · · · · · · ·	40		0.
	-	axable at Trust Rates See instructions for ta		ne amount on	line 39 from:	-		•	
		x rate schedule or Schedule D (Form				•	41		
42		x See instructions	,				42		
	•	ve minimum tax (trusts only)					43		
		Noncompliant Facility Income See instruction	ne				44		
		dd lines 42, 43, and 44 to line 40 or 41, which		45		0.			
45 Part		ax and Payments	ever applies				1 40 1		<u> </u>
			ata attach Form 1116\		460		T 1		
	_	tax credit (corporations attach Form 1118; tru	SIS attach Form 1110)		46a		1		
		edits (see instructions)			46b		1		
		business credit Attach Form 3800	00071		46c		1		
		r prior year minimum tax (attach Form 8801 c	or 8827)		46d		┥ │		
е	Total cr	edits Add lines 46a through 46d					46e		
		line 46e from line 45		_	<del></del> -		47		0.
48	Other ta:	kes. Check if from Form 4255	Form 8611 Form 8697 _	Form 88	66 LL Othe	Cr (attach schedule)	48		
		Add lines 47 and 48 (see instructions)					49		0.
		t 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k), lın	e 3	1 1		50		0.
51 a	Paymen	ts. A 2018 overpayment credited to 2019			51a		1 1		
b	2019 es	timated tax payments			51b		1 1		
С	Tax dep	osited with Form 8868			51c		_		
d	Foreign	organizations. Tax paid or withheld at source	(see instructions)		51d		]		
е	Backup	withholding (see instructions)			51e		╛		
f	Credit fo	r small employer health insurance premiums	(attach Form 8941)		51f				
a	Other cr	edits, adjustments, and payments: D	rm 2439						
•			her	Total <b></b>	51g		]		
52		yments. Add lines 51a through 51g					52		
		ed tax penalty (see instructions). Check if Forn	n 2220 is attached				53		
		If line 52 is less than the total of lines 49, 50				•	54		
		ment If line 52 is larger than the total of lines		verpaid		•	55		
		e amount of line 55 you want Credited to 202			F	Refunded >	56		
Part	VIS	Statements Regarding Certain	Activities and Other I	nformation			., ••		-
		me during the 2019 calendar year, did the org						Yes	No
	-	nancial account (bank, securities, or other) in						1.55	+ ***
		Form 114, Report of Foreign Bank and Financi							
		TOTHE 114, Neport of Foreign Bank and Financi	at Accounts. If Tes, enter the h	ים ווה טי נווכ וט	reigii couliti y				x
	here :		-h		oforov to o fo	raign trunt?		<del></del>	$\frac{1}{X}$
58	-	he tax year, did the organization receive a dist		tor of, or tran	steror to, a to	reign trust?			<del> </del>
		see instructions for other forms the organizat	*	•				-	
59		e amount of tax-exempt interest received or ac				4- 4b- b4-f	ladas sad b	aliat it in truo	Д
Cia	Un	der penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than	this return, including accompanying to taxpayer) is based on all information	schedules and s of which prepar	er has any know	ledge	wiedge and d	eller, it is true	
Sign			- why las			Ī.	•	scuss this return	
Here		Les I		reasur	er			own below (see	
		Signature of officer	Dafe ( Title	<del>'''</del>			structions)?	Yes	No
		Print/Type preparer's name	Preparer's signature	Da	te	0	if PTIN		
Paid						self- employed			
	arer					L,			
-	Only	Firm's name				Firm's EIN ▶			
330	~,								
		Firm's address 🕨	<del></del>			Phone no.			
923711	01-27-20	<del></del>					F	orm <b>990-1</b>	「(2019)

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inver	ntory valuation   N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	6		
2 Purchases	2		7 Cost of goods sold S	ubtract line 6			
3 Cost of labor	3		from line 5 Enter here				
4 a Additional section 263A costs			line 2	•	7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		<b>⊣</b>	acquired for resale) apply	to		
5 Total Add lines 1 through 4b	5		the organization?	, , , , , , , , , , , , , , , , , , , ,			
Schedule C - Rent Income		Property and		Leased With Rea	l Prope	rty)	
(see instructions)	•						
1 Description of property							
(1)							
(2)						-	
(3)							
(4)	•	-					
	2 Rent receiv	ed or accrued	•				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age   ' ' column		nected with the income b) (attach schedule)	'n
(1)							
(2)							
(3)	-						
(4)					•		
Total	0.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -	-	(b) Total deduct Enter here and on p Part I, line 6, column	age 1,		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)				
			2 Gross income from	3 Deductions dire	ectly connect ot-financed p	ed with or allocable iroperty	-
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a) Straight line deprece (attach schedule)		(b) Other deduction (attach schedule)	
(1)						=	
(2)						·	
(3)						·········	
(4)		_					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page Part I, line 7, column (		Enter here and on pag Part I, line 7, column	
Totals			_	1	Λ I		0.
101415			▶		0.	<u> </u>	<u></u>
Total dividends-received deductions in	ncluded in columi	1 8	<u> </u>		▶		0.

		<del></del>		Controlled O				(5555		<u> </u>
1 Name of controlled organiza	identi	mployer ification mber	3 Net un	related income a instructions)	4 Tota	al of specified nents made	≀ncludi	t of column 4 t ed in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)	-		-							
(2)			<del></del>							
(3)										
(4)									<del> </del>	<del>,,,,,</del>
Nonexempt Controlled Organ	uzations		I				<u> </u>			· · · · · · · · · · · · · · · · · · ·
7 Taxable Income	8 Net unrelated inco		9 Totat	of specified payi made	ments	10 Part of column the controllingross	mn 9 thai ing organ s income	iization's		ductions directly connected income in column 10
(1)			<del> </del>							
(2)			†							
(3)			<del></del>							
(4)			<del>                                     </del>						-	
			1			Add colun Enter here and line 8, c		1, Part I, \)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		0 - ::	E647.33	(7) (0)	<u>▶</u>			0.		0
Schedule G - Investme	ent Income of a tructions)	Section	1 501(c)(	(/), (9), or	(17) Or	ganızation	)			
	cription of income		<u> </u>	2 Amount of	ıncome	3 Deduction	cted	4 Set-a		5 Total deductions and set-asides (cot 3 plus col 4)
(1)						\a.14011 301180	3.0,			(55, 5 pids cui 4)
(2)										
(3)										
(4)						· · · · · ·				<u> </u>
				Enter here and Part I, line 9, co						Enter here and on page Part I line 9, column (B)
Totals			•		0.					0
Schedule I - Exploited (see instru		y Incom	e, Othe	r Than Ad	vertisii	ng Income				
Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with pro-	penses connected oduction related as income	4 Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Expo attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)										
(2)										
(3)										
(4)	Enter here and on page 1, Part I,		ere and on 1, Part I,							Enter here and on page 1,
	line 10, col (A)	1	, col (8)							Part II, line 25
Totals -	0.		0.					<del></del> .		1 0
Schedule J - Advertisi Part I Income From	Periodicals Rep			solidated	Basis					
1 Name of periodical	2 Gross advertising income		3 Direct ertising costs	4 Advert or (loss) (co col 3) If a go cols 5 th	ol 2 minus ain, compute	5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)										
(2)				-				<del></del> -		
(3)		<del></del>		_						
(4)				-						
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0 Form <b>990-T</b> (2019

orm 990-T (2019)	AMERICAN	TRAUMA	SOCIETY.	INC.

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Page 5

FUITH 990-1 (2019) AMERICAN TRAUMA SOCIETY, INC.					<u> </u>		
Part II Income From columns 2 through				rate Basis (For eac	ch periodical liste	ed in Part II, fill in	
`1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0
		Enter here and on page 1 Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				0
		4.040	B: .				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

NOL Carryover Available This Year

Form 4,990-T.	Description o	f Organization's Business Activit	Primary Unrelated Y			
Online News	sletter Advertisi	ng & Job Opening	Postings to Websit	ce		
To Form 990	-T, Page 1					
Form 990-T		Other Income		Statement	2	
Description				Amount		
	letter Advertisings to Online Member			415 435		
Total to For	rm 990-T, Page 1,	line 12		851	4.	
Form 990-T		Other Deducti	ons	Statement	3	
Description				Amount		
	Co Fee Allocation Software 10% rvices	per Workplan Hou	rs	1025 65 60		
Total to For	rm 990-T, Page 1,	line 27		1150	3.	
Form 990-T	Net	Operating Loss D	eduction	Statement	4	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year		
12/31/18	11371.	0.	11371.	11371	_ . •	

11371.

11371.