ç		990-T	, E	Exempt O	rganization (and proxy ta					ax Retur	'n	OMB N	o 1545-004
	7707	`	For cal	lendar year 2019 or othe				, and er					U 19
		tment of the Treasury	•		www irs gov/Form99 numbers on this form								ublic Inspection for rganizations Only
	A L	Check box if address changed		Name of organizati	on (Check box .	if name ch	anged	and see instri	uctions.)		(Empl	oyer identif loyees' trus ictions)	ication number st, see
	B E	xempt under section	Print	AMERICAN	TRAUMA SO	CIET	Υ, :	INC.				<u>3-71</u>	
: -	X	501(c)(3 03	or Type		d room or suite no. If a		, see in:	structions.				ated busini nstructions	ess activity code
70	' <u> </u>	408(e) 220(e)	.,,,,		WASHINGTO					· · · · · · · · · · · · · · · · · · ·	_		
300		408A530(a) 529(a)			or province, country, a URCH , VA	and ZIP or 22040							
103	C Boo	ok value of all assets and of year			number (See instruct		<u> </u>		<u>.</u>				
		11605			on type 🕨 🗶 50		oration	50	1(c) trust	401(a) trust		Other trust
					es or businesses.	·	1			the only (or first) i			
		de or business here 🕨								complete Parts I-\			,
					previous sentence, cor	mplete Par	ts I and	d II, complete	a Schedule	e M for each additi	onal trade	e or	
L		siness, then complete										132	
\					in an affiliated group of		t-subsi	diary controlle	ed group?	•	Ye	s LX	No
		ves, enter the name a e books are in care of			parent corporation.				Toloob	one number 🕨	110	206	6262
ı	_			de or Busines				(A) Inco		(B) Expens			(C) Net
l	Ь	Gross receipts or sale		do di Badinoo		<u> </u>		(/// /// 00	,,,,,	(b) Expens	-		
D		Less returns and allow		· · · · · · · · · · · · · · · · · · ·	c Balance		1c						
974C)		Cost of goods sold (S		A line 7)	Codianoc		2						
7		Gross profit Subtract				ľ	3						
. ^		Capital gain net incom				Ī	4a		-				
B		Net gain (loss) (Form		•	n Form 4797)	Ţ	4b						
		Capital loss deduction			,	ſ	4c						
SEP 08 '21 PROC	5	Income (loss) from a	partners	hip or an S corporat	ion (attach statement)) [5					_	
Œ		Rent income (Schedul		,			6						
4	7	Unrelated debt-finance	ed incon	ne (Schedule E)			7						
Ñ	8	Interest, annuities, roy	alties, a	nd rents from a conf	trolled organization (Sci	hedule F)	8						
8	9	Investment income of	a sectio	on 501(c)(7), (9), or	(17) organization (Sch	nedule G)	9						
<u>Б</u>	10	Exploited exempt activ	ity inco	me (Schedule I)		L	10						
Ĭ	11	Advertising income (S	chedule	: J)		L	1,1/						
					Statement	2	12		3514.	·			<u>8514.</u>
2		Total. Combine lines			· -	/_	13		3514.				8514.
02	Pa				where (See instructed with the unrelated				luctions)				
2	14	Compensation of offi	cers, dır	rectors, and trustees	(Schedule K)						14		
32	15	Salaries and wages				, , ,					15		
2	16	Repairs and maintena	ance		Received in 3						16		···
7	17	Bad debts			JARS - OSC	. 07					17		
. 0	18	Interest (attach sched	dule) (se	ee instructions)	AUG 04 2	2021					18		
^	19	Taxes and licenses			AUG U I I	LVL,		1	1		19		
83	20	Depreciation (attach I			. 🔿				20		ا 🚚 ا		
\$	21		imed on	Schedule A and els	ewhere Ogdun , U	Itan		Ľ	21a		21b		
<u>a</u>	22	Depletion			ा । जीवे को	કો					22		·
B	23	Contributions to defe		npensation plans	# 1	y					23		
-	24	Employee benefit pro		Padula IV		0000					24		
	25	Excess exempt exper			AUG 13	2021)			25		
	26 27	Excess readership co						900	Q+a+	ement 3	_26 27		11503.
	27	Other deductions (att		14 through 27	RECEIVED EN	זח אדוד	PT	ವಿಧರ	Juan	emenc 3	28	 .	11503.
	28 29				erating loss deduction			from line 12			29		-2989.
	29 30				erating loss deduction ars beginning on or aft				•	•	23		2,0,0
	50	(see instructions)	Jiatiliy II	oos arising iii lax yee	a s beginning on or all	ioi vailual)	, ,, 20	See	State	ement 4	30		0.
	31	Unrelated business ta	axable in	ncome Subtract line	30 from line 29			200	2540		31		-2989.
		2 5.2.55 555111555 16		Dapadot into		·							200 T (2040)

4-2

		AMERICAN TRAUMA SOCIETY, INC.		<u> 23-71</u>	<u> 7393</u>	6 Page
Part	<u>: [H] </u>	Total Unrelated Business Taxable Income		-, 		
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	l	32	-2	<u>989</u>
33	' Amoun'	ts paid for disallowed fringes		33		
34	Charital	ble contributions (see instructions for limitation rules)		3A		0
35	Total ur	nrelated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the sum of lines	. 32 and 33	35	-2	989
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36		
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7	37	-2	989
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1	000
39	Unrelat	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	.,			
	enter th	e smaller of zero or line 37	/{[39	-2	989.
Part	IV 1	Tax Computation		•		
40	Organiz	rations Taxable as Corporations Multiply line 39 by 21% (0.21)		40		0
41	-	Faxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:				
	_	ax rate schedule or Schedule D (Form 1041)	•	41		
42	Proxy ta	ax See instructions	•	42		
43	•	ive minimum tax (trusts only)	•	43		
44		Noncompliant Facility Income See instructions		44		
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies		45		0
Part		Tax and Payments		1		
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
		redits (see instructions) 46b		1 1		
		business credit. Attach Form 3800 46c		1		
•		or prior year minimum tax (attach Form 8801 or 8827)		1		
		edits Add lines 46a through 46d		46e		
47		t line 46e from line 45		47		0 .
48		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attack	a cchadula)	48		
		x Add lines 47 and 48 (see instructions)	r acridedile)	49		0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50		0.
		its: A 2018 overpayment credited to 2019		-30		
	-			1		
		· · · · · · · · · · · · · · · · · · ·		1 1		
		osited with Form 8868 51c 51d		1		
	_	organizations. Tax paid or withheld at source (see instructions) 51d		1		
		withholding (see instructions) or small employer health insurance premiums (attach Form 8941) 516 517		1		
		· · · · · · · · · · · · · · · · · · ·		1		
g		redits, adjustments, and payments: Form 2439				
50				-		
		syments Add lines 51a through 51g		52		
		ed tax penalty (see instructions) Check if Form 2220 is attached		53		
		s. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54		
		yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55		
		e amount of line 55 you want: Credited to 2020 estimated tax		56		
Part		Statements Regarding Certain Activities and Other Information (see instruction	s)		 _	—
		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN I	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here	<u> </u>			-	X
	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	ısty		<u> </u>	<u> </u>
	•	see instructions for other forms the organization may have to file.			1	
59		e amount of tax-exempt interest received or accrued during the tax year > \$				
Sign	cor	der penalties of perjury, i declare that have examined this return, including accompanying schedules and statements, and to the be rrect, and complete Declaration of preparer (other than taxpayer) is pased on all information of which preparer has any knowledge	st of my knov	wiedge and belie	i, it is true,	
Here	—	VIII VIII VIII VIII VIII VIII VIII VII		y the IRS discu		n with
IICIE		Treasurer Tub		preparer show		_
		Signature of officer Daté / Title		structions)?	Yes	No
		Print/Type preparer's name Preparer's signature Date Chec		f PTIN		
Paid	j [self-	employed			
Prep	arer					
•	Only	Firm's name ► Firm	n's EIN 🕨			
	-					
		Firm's address Pho	ne no.			
23711	01-27-20			For	ո 990-Т	(2019

Schedule A - Cost of Good	s Sold. Ente	r method of inve	ntory valuation N/A	· · · · · · · · · · · · · · · · · · ·			····	
1 Inventory at beginning of year	1		6 Inventory at end of year	ır	6			
2 Purchases	2		7 Cost of goods sold Subtract line 6					
3 Cost of labor	3		from line 5. Enter here	and in Part I,		1		
4a Additional section 263A costs			line 2			<u> </u>		
(attach schedule)	4a	- · ·	8 Do the rules of section	263A (with respect to			Yes	No
b Other costs (attach schedule)	- 4b		 property produced or a 	acquired for resale) apply to _			-	
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased With Real P	ropert	ty)		
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%	than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions dire columns 2(a		cted with the in (attach schedule		n
(1)					·		•	
(2)								
(3)					_			
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns 2		nter		(b) Total deductions Enter here and on page				
here and on page 1, Part I, line 6, column		<u></u>		O . Part I, line 6, column (B)	<u> </u>			<u>0.</u>
Schedule E - Unrelated Deb	t-Finance	income (see	instructions)	0.04				
			2 Gross income from	3 Deductions directly to debt-fin			е	
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other dec (attach scho		s
(1)					+			
(2)						*		
(3)		·						
(4)						· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to anced property h schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Allocable of (column 8 x total 3(a) and	of col	
(1)			%					
(2)			%					
(3)			%					
(4)			%	<u>-</u>				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and o Part I, line 7, co		•
Totals			>		0.			0.
Total dividende received deductions Inc	chidad ia calum	. 0	•					$\overline{}$

23-7173936

Page 4

Form 990-T (2019) AMERICAN TRAUMA SOCIETY, INC.

Form 990-T (2019) AMERICAN TRAUMA SOCIETY, INC. 23-71739

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

	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	n 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
	rt II (lines 1-5)	<u> </u>	0.	0.				0.

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		>	0.

Form 990-T (2019)

						
Form 990-T	Statement	1				
	sletter Advertisi		Postings to Websit	e		
Form 990-T		Other Income		Statement	2	
Description				Amount		
	letter Advertising s to Online Member			4159. 4355.		
Total to Fo	8514.					
Form 990-T		Other Deducti	ons	Statement	3	
Description				Amount		
	Co Fee Allocation Software 10% rvices	per Workplan Hou	rs		53. 50.	
Total to Fo	rm 990-T, Page 1,	line 27		1150	03.	
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.	1137	1.	
NOI. Carryoy	er Available This	Year	11371.	11373	1.	