F	orm 990-T	E>	empt Organization (and proxy tax					rn 106	ОМВ	No 1545-0687
		For cale	ndar year 2018 or other tax year begin	nning _	07/01,201	8, and end	ng 06/30,		2	2018
	epartment of the Treasury	l	► Go to www irs.gov/Form990						Open to	Public Inspection for
_	ternal Revenue Service	► Do	not enter SSN numbers on this form Name of organization (Check b		ay be made public me changed and se				501(c)(3	Organizations Only fication number
_	Check box if address changed				•	e instruction	15 /	(Employees' trust see instructions)		
В	Exempt under section	D4	AMERICAN COLLEGE OF							
}	X 501(C)(O3)	Print	Number, street, and room or suite no	lf a P O	box, see instruction	ons			192800	
- }	408(e) 220(e)	Туре	COO N. CATNE CLATA	0 m p 1	n m				ated busin istructions)	ess activity code
- }	408A530(a))	633 N. SAINT CLAIR							
Ţ	529(a) Book value of all assets	-	City or town, state or province, countre CHICAGO, IL 60611	y, and a	ZIP or toreign posta	code		51,	54 72	>
·	at end of year	F Gro	up exemption number (See instruct	ione \				51,	72	
	625,589,543.		ck organization type X 501			501/6	:) trust	401(a)	trust	Other trust
-			nization's unrelated trades or busine		·	1001(0			(or first) (
			COME (LOSS) FROM INVE			only one.	complete Parts I	•		
			end of the previous sentence, co		-	•	•			
	trade or business, th	en compl	ete Parts III-V	·						
1	During the tax year,	was the	corporation a subsidiary in an affil	ated g	roup or a parent-	subsidiary	controlled group?		▶	Yes X No
_			identifying number of the parent co	rporati	on 🕨		•			
_			AY L. VINCENT, CFO		,	Telephor	ne number > 31	2-202-	-5000	
L	Part Unrelated	Trade o	or Business Income	1	(A) Inco	me	(B) Expen	ses	<u> </u>	(C) Net
	1a Gross receipts or								1.	•
	b Less returns and allowa		c Balance ▶							
			ule A, line 7).	2					-	
			2 from line 1c	3 4a		2,504.	-			2,504.
			Part II, line 17) (attach Form 4797)	4b						2,001.
	= ' '		rusts	4c						
			r an S corporation (attach statement)	5	-46	7,355.	ATCH 1		1	-467,355.
			• • • • • • • • • • • • • • • • • • • •	6			_			
S			come (Schedule E)	7						
5	8 Interest annuities, roy	alties, and re	nts from a controlled organization (Schedule F	8						
Z	9 Investment income of a	a section 50	1(c)(7) (9), or (17) organization (Schedule G)	9_						
F 1		-	ncome (Schedule I)	10			ļ. <u>.</u>		1	
יו כ	-	-	lule J)	11					1	
. 17	•		tions, attach schedule)	12	16	4,851.			-	464 051
) 1: :			ough 12	13			doductions) (Evenet f	or contr	-464,851.
			be directly connected with t					zxcept i	or com	ibutions,
14								14	Т	
1!	5 Salaries and wage	es	directors, and trustees (Schedule K)	• • •	ŔF	ĖĊĖľ	VED : 1	15		
1 (Repairs and main	tenance					္မ	16		
17	7 Bad debts					JG 0 3		17		
18	Interest (attach s	chedule) (see instructions)		[ゑ] ^'	Ju v 3		18		
19	 Taxes and license 	s			 	<u>-</u>		19		6.
20	Charitable contrib	outions (S	See instructions for limitation rules)		J Q(GŲEN	۱, U. I	20		
2	I Depreciation (atta	ach Form	4562)			21		_		
22			on Schedule A and elsewhere on re				<u> </u>	22b		7 400
2:										7,482.
24			compensation plans							
25 26			Schedule I)						+	
27			Schedule I)						-	
28			chedule)						 	13,391.
29			s 14 through 28				_	8 29		20,879.
30			le income before net operating				_	_	<u> </u>	-485,730.
31			g loss arising in tax years beginning							
32			e income Subtract line 31 from line							-485,730.
Fo	or Paperwork Reduct	ion Act N	otice, see instructions.						Fo	orm 990-T (2018)
۰۰۸	2740 1000 02416Y 649	R					0178297		^	

Form	990-1 (2018)			aye A
Pai	rt III Total Unrelated Business Taxable Income		···	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	33	8,0	080.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see			
	instructions).	35		
26	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
36	of lines 33 and 34. , ,	30	8 (080.
		36		000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		,00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.	 		
	enter the smaller of zero or line 36	38	7,0	080.
Pai	rt IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	1,4	487.
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax See instructions	I		
	Alternative minimum tax (trusts only).	42		
42		43.		
43	Tax on Noncompliant Facility Income. See instructions	43	3 4	487.
44		94		
Pai	t V Tax and Payments	₁		
45 a	· · · · · · · · · · · · · · · · · · ·	1		
	Other credits (see instructions)	↓		
	General business credit Attach Form 3800 (see instructions)	1 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]		
e	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46	1,4	487.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48	1,4	487.
49	2018 net 985 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49		
	Payments A 2017 overpayment credited to 2018			
	2018 estimated tax payments	1 1		
	Tax deposited with Form 8868	1		
		1		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1 1		
	Backup withholding (see instructions)	1		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1 1		
9		1		
	Form 4136 Other Total ▶ 50g	1 1		
51	Total payments. Add lines 50a through 50g	51	663,4	104.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	661,9	17.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶661, 917. Refunded ▶			
Par	· · · · · · · · · · · · · · · · · · ·			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		arity Yes	No
	over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization may			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			
	here DUNITED KINGDOM, CANADA	roreign cor		
	·		X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	• • • • • • • • • • • • • • • • • • • •	<u> </u>
	If "Yes," see instructions for other forms the organization may have to file		1 1	
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under genatives of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue correct, and complete Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge	ast of my kno	wledge and belie	ef, it is
Sign	Mary Manager of the Mary Mary Mary Mary Mary Mary Mary Mary	y the IDC	discuss this re	otum
Her		-	arer shown be	
	0	e instructions)?		No
	Print/Type preparer's name Preparer's signature Date Chast		PTIN	لينسب
Paid			P00666837	7
•	Odrer Firm's name GRANT THORNTON LLP		-6055558	
use	Only		356-0200	
	Phone			
AZL		F	om 990-T (:	2018)

8X2741 1.000 02416Y 649R

Form 990-T (2018)									P.	age 3
Schedule A - Cost of G	oods Sold. Er	nter method	d of invent	ory valuation	>					
1 Inventory at beginning of						ar	6			
2 Purchases	2					ld Subtract line				
3 Cost of labor	3			6 from	line 5 En	ter here and in	_			
4a Additional section 263A c	osts			Part I, line	2		7	l		
(attach schedule)	4a					section 263A (w	/ith r	espect to	Yes	No
b Other costs (attach schedu				property	produced	or acquired for	resa	ile) apply		
5 Total Add lines 1 through										
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Prope	rty)			
(see instructions)										
1. Description of property	·					•				
(1)	,									
(2)				•						
(3)										
(4)			•							
	2 Rent recei	ved or accru	ed							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent for 50% or if the rent is				r personal propert	y exceeds	exceeds in columns 2(a) and 2(b) (attach schedule)				ne
(1)										
(2)										
(3)										
(4)		-								
Total		Total								
(c) Total income Add totals of chere and on page 1, Part I, line 6	• •					(b) Total deduction Enter here and on Part I, line 6, colur	page 1			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructi	ons)		•				
1 Description of del	bt-financed property	•		income from or to debt-financed		Deductions directly cor debt-finance	ed prop	erty		
ATTACHMENT 3				roperty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)			<u> </u>							
(2)										
(3)										
(4)	T			ı						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5		income reportable n 2 x column 6)		Allocable ded umn 6 x total c 3(a) and 3(l	of column	ıs
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Tatala						e and on page 1, e 7, column (A)		r here and o t I, line 7, col		
Totals										

Page	4

Form 990-T (2018)											•	Page 4
Schedule F-Interest, Ann	uities, Royalties	s, and R	Rents	Fro	m Contro	lled Or	gani	zatio	ons (see	instruction	ns)	1 290
	_	E	xemp	t Co	ntrolled Or	ganızatı	ons					
1 Name of controlled organization	2 Employer identification numb	iei į			ated income nstructions)	4 Total	of spec	- 1	ıncluded	of column 4 that is d in the controlling ition's gross income		6 Deductions directly connected with income in column 5
(1)												
(2)												
(3)					 							
(4)	-ations						-					
Nonexempt Controlled Organi			1		Total of accessive		10	Part	of column	9 that is	1.	1. Deductions directly
7 Taxable Income	8 Net unrelated ii (loss) (see instruc				Total of specific ayments made		ine	clude	d in the constion's gross	ontrolling conf		nnected with income in column 10
(1)			<u> </u>									
(2)			1						_ 			
(3)			+									
(4)			<u> </u>				.	ldd c	olumns 5 a	nd 10		dd columns 6 and 11
							Εr	nter h	ere and on line 8, colui	page 1,	Ent	ter here and on page 1, art I, line 8, column (B)
Totals	<u> </u>			· · ·	(0) (47	<u> ▶</u>		•	<u>,</u>			
Schedule G-Investment Ir	ncome of a Sec	ction 50)1(c)	(7),	(9), or (17 3 Deduc		nizat	ion				5 Total deductions
1 Description of income	2. Amount of income				directly cor (attach sch	nected				-asides schedule)		and set-asides (col 3 plus col 4)
(1)												
(2)								ļ				
(3)												
(4)	Enter here and on page 1. Part I, line 9, column (A)							<u></u>		· · · · · ·		Enter here and on page 1 Part I, line 9, column (B)
Totals ▶			ļ									<u>-</u>
Schedule I-Exploited Exe	mpt Activity In	come, (Othe	r Th	an Adverti	ising Ir	com	e (s	ee instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dır connec produ	iction (elated	ith of	4 Net inconfrom unrelat or business 2 minus col If a gain, co	ed tradé (column umn 3) ompute	fron	n acti not ur	income vity that income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			_									
(2)					<u> </u>							
(3)			_									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1	1, Part	l,								Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir	Come (see instr	uctions)										
Part I Income From Per			Cor	nsoli	idated Bas	is						
. e.c		0										1
1 Name of periodical	2 Gross advertising income	3 E advertis	Direct sing co	sts	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than	
ATTACHMENT 5					cols 5 thro	ough 7						column 4)
(1)					-							-
(2)	 				1							\dashv
1-7					4							—

(4)

Totals (carry to Part II, line (5)) . . ▶

Total Enter here and on page 1, Part II, line 14.



Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 7 Excess readership costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership minus column 5, but 2 minus col 3) If 1 Name of periodical advertising advertising costs ıncome costs not more than a gain, compute ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to 1 Name 2 Title time devoted to unrelated business business (1) % (2) % (3) % (4) %

Form 990-T (2018)

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

➤ Go to www irs gov/Form1120 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Employer identification number

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 -3,403. Part III Long-Term Capital Gains and Losses (See instructions) 8 Instructions for how to figure the amounts to enter on the lines below This form may be easer to complete flyor round of cents to (Cost which beas was reported to the IRS and for visual to sales proce) 8 Totals for all financians reported on Form 1994 6 or which beas was reported to the IRS and for visual to the IRS and for visual to sale to the IRS and for visual to the IRS and for the IRS and for visual to the IRS and for visual to the IRS and for	AME	RICAN COLLEGE OF SURGEONS				;	36-2192800
This form may be ease to complete if you reand efficients to which the season of the s	Par	Short-Term Capital Gains and Losses	(See instructions	.)	•		
Section Sect		the lines below	Proceeds	Cost	or loss from For	n(s)	Subtract column (e) from
1898-8 for which bases was reported to the IRS and for which place when the submit of the IRS and for which you be an advantage lice instructions of the IRS and for which you be an advantage to the IRS and for the IRS and for other basis) 2 Totals for all innanctions reported on Form(s) 8949 with Box & checked 3 Totals for all innanctions reported on Form(s) 8949 with Box & checked 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach compositation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) Sec instructions for hor to figure the annuals to enter on the lines to the security of the properties of the IRS and for one of the IRS and for one of the IRS and for one of the IRS and for instruction of the IRS and for instructions of the IRS and for instruction of the IRS and for instructions of the IRS and for instruc		whole dollars	(sales price)	(or other basis)			
with Box A checked	16	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949.					
with Box 8 checked	11	• • • • • • • • • • • • • • • • • • • •					
with Box C checked	2	· · · · · · · · · · · · · · · · · · ·					
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 -3,403. Part III Long-Term Capital Gains and Losses (See instructions) 8 See instructions for how to figure the amounts to enter on the lines believe see see to complete if you reund of cents to root the lines believe see see to complete if you reund of cents to root the lines believe see see to complete if you reund of cents to root the lines see see to complete if you reund of cents to root the lines see see to complete if you reund of cents to root which you have no aduptaments (see naturations) However, if you choose to report all these transactions on Form 8494, lasee this line behind and as to line 88. 8b Totals for all transactions reported on Form(s) 8949 with Box E checked . 10 Totals for all transactions reported on Form(s) 8949 with Box E checked . 11 Totals for all transactions reported on Form(s) 8949 with Box E checked . 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	3	Totals for all transactions reported on Form(s) 8949	_				
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 7 -3,403. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 7 -3,403. Part III Long-Term Capital Gains and Losses (See instructions) See Instructions for how to figure the amounts to enter on the lines below the lines the lines and combine the lines and column (a) and combine the lines and column (b) and combine the lines and lines the lines the lines and lines the lines and lines the lines and lines th		with Box C checked	462.				462.
8 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 -3, 403. Part III Long-term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on which so that the figure that the length of the lines below the lines below the lines below the distance of the lines and for which you have no adjustments (see mistructions) However, if the lines are the lines and for which you have no adjustments (see mistructions) However, if the lines are lines to the lines and for which you have no adjustments (see mistructions) However, if the lines are lines and for which you have no adjustments (see mistructions) However, if the lines are lines and for which you have no adjustments (see mistructions) However, if the lines are lines and for which you have no adjustments (see mistructions) However, if the lines are lines are lines and for which you have no adjustments (see mistructions) However, if the lines are lines and for which you have no adjustments (see mistructions) However, if the lines are lines and for which you have no adjustment (see instructions) However, if the lines are lines and for which you have not adjust the lines are lines and for which you have not adjust the lines are lines and for which you have not adjust the lines are lines and for all transactions reported on Form(s) 8949 with Box E checked . 10 Totals for all transactions reported on Form(s) 8949 with Box E checked . 11 Enter gain from Form 4797, line 7 or 9	4						
Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to have the amounts to enter on the lines below the form may be easer to complete if you round off cents to whole dollars 8a Totals for all transactions reported on Form with Box C checked						<u></u>	
See instructions for how to figure the amounts to enter on the lines below Proceeds (sales price) (a) (b) (cost of the bittles below Proceeds (sales price) (b) (cost of the bittles below Proceeds (sales price) (b) (cost of the bittles below Proceeds (sales price) (b) (cost of the bittles below Proceeds (sales price) (b) (cost of the bittles) (cost of	6	Unused capital loss carryover (attach computation)				6	(3,865.)
See instructions for how to figure the amounts to enter on the lines bettow This form may be easier to complete if you round off cents to whole oditises Totals for all long-term transactions reported on Form (1988 of the Whole oditises) Totals for all long-term transactions reported on Form (1988 of the Whole oditises) Totals for all long-term transactions reported on Form (1988 of the Whole oditises) Totals for all transactions reported on Form (1988 of the Whole oditises) Totals for all transactions reported on Form (1988 of the Whole oditises) Totals for all transactions reported on Form (1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions reported on Form(1988 of the Whole oditises) Totals for all transactions repo	7	Net short-term capital gain or (loss). Combine lines 1	1a through 6 in column	h		7	-3,403.
the lines below This form may be easier to complete if you round off cents to whole dollars This form may be easier to complete if you round off cents to whole dollars This form may be easier to complete if you round off cents to whole dollars Totals for all larg-term transactions reported on Form (high 94 for which basis were reported to the IRS gard for the you choose to report all these transactions on Form 8949, leave this line blank and go to line 89 to whith 80 m. Totals for all transactions reported on Form(s) 8949 with Box Echecked 10 Totals for all transactions reported on Form(s) 8949 with Box Echecked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 7) over net short-term capital loss (line 7) 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 Or tosher basis (or riting and combine column (g) and combine column (g) and combine column (g) methods (line 7) 19 Totals for all transactions reported on Form (g) 8949 with Box Echecked 20 Totals for all transactions reported on Form (g) 8949 with Box Echecked 30 Totals for all transactions reported on Form(g) 8949 with Box Echecked 31 2 2, 388. 32 2, 504.							
1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 65		the lines below This form may be easier to complete if you round off cents to	Proceeds	Cost	or loss from Fore 8949, Part II, lin	n(s)	Subtract column (e) from column (d) and combine
with Box D checked	88	1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949,					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	81						
Totals for all transactions reported on Form(s) 8949 with Box F checked	9						
with Box F checked		with Box E checked					
11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 2, 504.	10	• • • • • • • • • • • • • • • • • • • •					
Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 2,504		with Box F checked	3,519.		<u> </u>	_	3,519.
Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 2,504	11	Enter gain from Form 4797, line 7 or 9				11	2,388.
14 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 5, 907. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 2, 504.	12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	⁷		12	
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h	13	Long-term capital gain or (loss) from like-kind exchan	nges from Form 8824			13	
Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15). 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 2,504.	14	Capital gain distributions (see instructions)		14			
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			<u></u>	15	5,907.		
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)							
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	Il loss (line 15)		16	
	17						2,504.
	18			proper line on other ret	urns	18	2,504.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of organization

For calendar year 2018 or other tax year beginning $\,\underline{07/01}\,$, 2018, and ending $\,\underline{}$ 06/30 , 20 19

► Go to www irs gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number

AMERICAN COLLEGE OF SURGEONS

36-2192800

Unrelated business activity code (see instructions) ▶ 72 Describe the unrelated trade or business ▶ RENTALS

Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 395, 857.					,
b	Less returns and allowances c Balance ▶	1 c	395,857.			
2	Cost of goods sold (Schedule A, line 7)ATCH. 3	2	293,330.			,
3	Gross profit Subtract line 2 from line 1c	3	102,527.			102,527.
4 a	Capital gain net income (attach Schedule D)	4a	, .			
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					-
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E) ATCH. 4.	7	7,704,600.	8,620,	745.	-916,145.
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11		11				
12	, , , , , , , , , , , , , , , , , , , ,	12				
13	· · · · · · · · · · · · · · · · · · ·	13	7,807,127.	8,620,	745.	-813,618.
4	deductions must be directly connected with the unr Compensation of officers, directors, and trustees (Schedule K).		<u> </u>		14	•
5						
16	Salaries and wages				15	157,000.
17	Repairs and maintenance				17	237,0001
8	Bad debts				18	
9					19	
20	Taxes and licenses				20	
.u 21	Depreciation (attach Form 4562)			16,721.	-20	
2	Less depreciation claimed on Schedule A and elsewhere on retu				22b	16,721.
23	Depletion				23	,
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
6	Excess exempt expenses (Schedule I).				26	
7	Excess readership costs (Schedule J)				27	
8	Other deductions (attach schedule)				28	14,876.
9	Total deductions Add lines 14 through 28				29	188,597.
0	Unrelated business taxable income before net operating li				30	-1,002,215.
1	Deduction for net operating loss arising in tax years b					
	instructions)				31	
2	Unrelated business taxable income Subtract line 31 from line 3	30 .			32	-1,002,215.
or Pa	panuark Paduction Act Natica, see instructions				•	hadula M (Farm 990 T) 2019

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service
Name of organization

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► Go to www.irs gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

AMERICAN COLLEGE OF SURGEONS

Unrelated business activity code (see instructions) ▶ 54

Total Combine lines 3 through 12......

Employer identification number 36-2192800

15,789.

Describe the unrelated trade or business ► ADVERTISING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7)...... 2 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4c Income (loss) from a partnership or an S corporation (attach Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) Exploited exempt activity income (Schedule I) 10 10 48,236. 15,789. 32,447. Advertising income (Schedule J).....ATCH. 6. 11 11 Other income (See instructions, attach schedule)

48,236.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

13

	deductions must be directly connected with the directled business income /		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	I	
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		32,447.
28	Other deductions (attach schedule)		89.
29	Total deductions Add lines 14 through 28	i	32,536.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-89.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-89.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

32,447.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

(C) Net

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning $\underline{-07/01}$, 2018, and ending $\underline{-}$ 06/30 , 20 19

► Go to www.irs gov/Form990T for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

(A) Income

Name of organization

1a Gross receipts or sales

b Less returns and allowances

Employer identification number

(B) Expenses

AMERICAN COLLEGE OF SURGEONS 36-2192800

2

3

c Balance

Unrelated business activity code (see instructions) ightharpoonup 51Describe the unrelated trade or business ▶ PERIODICALS

Cost of goods sold (Schedule A, line 7)......

Gross profit Subtract line 2 from line 1c

Part I Unrelated Trade or Business Income

4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			_
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) ATCH 8	12	19,117.		19,117.
13	Total Combine lines 3 through 12	13	19,117.		19,117.
14	deductions must be directly connected with the ur Compensation of officers, directors, and trustees (Schedule K)		'	14	
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages				
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	898.
21	Depreciation (attach Form 4562)			.	
22	Less depreciation claimed on Schedule A and elsewhere on re			22b	
23	Depletion				
24	Contributions to deferred compensation plans				<u></u>
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	10,139.
29	Total deductions Add lines 14 through 28			29	11,037.
30	Unrelated business taxable income before net operating			30	8,080.
31	Deduction for net operating loss arising in tax years	begin	ning on or after January 1, 2018 (see	- 1	_
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line	30 .	<u> </u>	32	8,080.
For Pa	aperwork Reduction Act Notice, see instructions			Sc	hedule M (Form 990-T) 201



Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information

20**18**

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service

iry

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Social security number or taxpayer identification number

Name(s) shown on return

AMERICAN COLLEGE OF SURGEONS

36-2192800

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(B) Short-term transactions (C) Short-term transactions 1			-	(e) Cost or other basis	Adjustment, if a If you enter an a enter a coo	any, to gain or loss amount in column (g), de in column (f)	(h) Gain or (loss)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo, day, yr)	Proceeds (sales price) (see instructions)	See the Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e from column (d) and combine the result with column (g)
STCG FROM LIMITED PARTNERSHIPS	VAR	VAR	462				462
							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C a	al here and incl e is checked), line	ude on your e 2 (if Box B	462				462

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

Form 8949 (20	18)	Attachment Sequence No 12A Page 2
Name(s) show	n on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
AMERIC	AN COLLEGE OF SURGEONS	36-2192800
statement v	check Box D, E, or F below, see whether you received any Form(s) 1099-B or sub vill have the same information as Form 1099-B. Either will show whether your bas may even tell you which box to check	
Part II	Long-Term. Transactions involving capital assets you held mo instructions) For short-term transactions, see page 1.	re than 1 year are generally long-term (see
	Note : You may aggregate all long-term transactions reported to the IRS and for which no adjustments or codes are require 8a, you aren't required to report these transactions on Form 89.	ed Enter the totals directly on Schedule D, line
a separate	check Box D, E, or F below Check only one box. If more than one Form 8949, page 2, for each applicable box. If you have more long-to boxes, complete as many forms with the same box checked as you need to be a same box.	erm transactions than will fit on this page for one or
(E) L	ong-term transactions reported on Form(s) 1099-B showing basis was ong-term transactions reported on Form(s) 1099-B showing basis was ong-term transactions not reported to you on Form 1099-B	

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	Cost or other basis See the Note below	If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and		
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
LTCG FROM LIMITED PARTNERSHIPS	VAR	VAR	3,519				3,519	
-								
						· · · · · · · · · · · · · · · · · · ·		
		-						
						<u>-</u>		
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above share to checked) or line 40 (if Box D above the column to the line 40 (if Box D above the column to the line 40 (if Box D above the line 40 (if Bo	here and inclusion here and inclusion here.	ide on your 9 (if Box E	3,519		į		3,519	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return

► Go to www.irs gov/Form4562 for instructions and the latest information

OMB No 1545-0172

Attachment Sequence No 179 ldentifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

AMERICAN COLLEGE OF SURGEONS

36-2192800

Busi	ness or activity to which this form relates							
G	ENERAL DEPRECIATION	N						
Pa	rt 1 Election To Expense C Note: If you have any li				e vou comp	lete Part I.		
1	Maximum amount (see instructions)		-				1	
2	Total cost of section 179 property pl							
3	Threshold cost of section 179 prope							
4	Reduction in limitation Subtract line							
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	m line 1 if zero or less enter	-0- If marned filing				5	
_6	(a) Description	of property		(b) Cost (bu	usiness use only	(c) Elect	ed cost	_
								_
7	Listed property Enter the amount from							
8	Total elected cost of section 179 pro							
9	Tentative deduction Enter the smalle	er of line 5 or line 8 .					9	
10	Carryover of disallowed deduction fr							
11	Business income limitation Enter th							
12	Section 179 expense deduction Add						12	
13	Carryover of disallowed deduction to				<u>▶ 13</u>			,
	Don't use Part II or Part III below fo							
Ра	rt II Special Depreciation A	Allowance and Ot	her Deprec	iation (D	on't include	listed proper	ty See inst	tructions)
14	Special depreciation allowance for		• •					
	during the tax year. See instructions						14	
15	Property subject to section 168(f)(1)							
16	Other depreciation (including ACRS)	 				· · · · · · ·	16	
Pa	rt III MACRS Depreciation (Don't include listed			tions)			
				tion A				1
17	MACRS deductions for assets place	•						16,721
18	If you are electing to group any	•	_	•			al	,
	asset accounts, check here							
	Section B - Assets		, 		T T	General Dep	reciation S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for o (business/invi only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	,						
_ с	7-year property							
d	10-year property							
е	15-year property							
	20-year property							
g	25-year property	1			25 yrs		\$/L	
h	Residential rental				27 5 yrs	ММ	S/L	
	property				27 5 yrs	MM	S/L	
- 1	Nonresidential real				39 yrs	ММ	S/L	
	property	<u> </u>				ММ	S/L	
	Section C - Assets F	Placed in Service D	ouring 2018	Tax Year	Using the A	Iternative De	preciation	System
20a	Class life						S/L	
b	12-year				12 yrs		S/L	
c	20 year				30 yrs	ММ	S/L	
	30-year		 -					
	40-year				40 yrs	ММ	S/L	
	 	ions.)			40 yrs	ММ	S/L	
	40-year				40 yrs	MM	S/L	
Ра 21	40-year rt IV Summary (See instruct	ne 28		 nd 20 in (21	
Pa 21 22	40-year Total Add amounts from line 12, here and on the appropriate lines of y	ne 28	7, lines 19 ai	orations - s	column (g), a	 and line 21 Ei	21	16,721
Pa 21 22 23	40-year Total Add amounts from line 12,	ne 28	7, lines 19 ai ps and S corp the current	orations - s	column (g), a ee instruction er the	 and line 21 Ei	21	16,721 Form 4562 (2018)

36-2192800 Form 4562 (2018) Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Νo Yes (e) (b) (i) Business/ Basis for depreciation Type of property (list Date placed Elected section 179 Recovery Method/ Depreciation Cost or other basis investment use (business/investment vehicles first) in service Convention deduction cost period percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, Add amounts in column (i), line 26 Enter here and on line 7, page 1. Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (f) (a) (b) (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) . . . 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) 33 Total miles driven during the year Add lines 30 through 32 Yes 34 Was the vehicle available for personal Yes Νo Yes Nο Yes Νo Yes No No Yes No use during off-duty hours?...... 35 Was the vehicle used primarily by a more than 5% owner or related person?..... 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI Amortization (e) (b) Amortization Date amortization Description of costs period or Amortizable amount Code section Amortization for this year begins percentage 42 Amortization of costs that begins during your 2018 tax year (see instructions) 43 Amortization of costs that began before your 2018 tax year

Form **4562** (2018)

44 Total. Add amounts in column (f) See the instructions for where to report

ATTACHMENT	1		

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS

-467,355.

INCOME (LOSS) FROM PARTNERSHIPS

-467,355.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT MANAGEMENT FEES

13,391.

PART II - LINE 28 - OTHER DEDUCTIONS

13,391.

RENTALS

SCHEDULE M LINE 2 SCHEDULE A COST OF GOODS SOLD

LINE 1 - TOTAL REVENUE		AMO	UNT
MISCELLANEOUS			439
RESALE ITEMS			1,948
AV EQUIPMENT RENTAL			10,414
CATERING COMMISSIONS			37,383
MISCELLANEOUS RENT			345,673
	TOTAL LINE 1 REVENUE		395,857
LINE 2 - COST OF GOODS SOLD		AMO	LINT
		AMO	
COST OF GOODS SOLD		<u> </u>	293,330
	TOTAL LINE 2 COST OF GOODS SOLD		293,330
LINE 3 - GROSS PROFIT		AMOL	INT
GROSS PROFIT		74100	102,527
GROSS PROFII	-		
	TOTAL LINE 3 GROSS PROFIT		102,527
		YES	ОИ
		165	140

DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY REDUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?

RENTALS

SCHEDULE M - LINE 7 SCHEDULE E UNRELATED DEBT-FINANCED INCOME

3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DEBT-FINANCED PROPERTY (A) STRAIGHT LINE DEPR. (B) OTHER DEDUCTIONS	6,700,935.	8. ALLOCABLE DEDUCTIONS (COLUMN 6 × TOTAL OF COLUMNS 3(A) AND 3(B))	8, 620, 745.	ENTER HERE AND ON JE PAGE 1, PART I, LINE 7, COLUMN (B)	8,620,745.
3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DEBT-FINANCED PROPERTY (A) STRAIGHT LINE DEPR. (B) OTHER DEDU	1,919,810.	7. GROSS INCOME REPORTABLE (COLUMN 2 × COLUMN 6)	7,704,600.	ENTER HERE AND ON PAGE 1, PART I, LINE 7, COLUMN (A)	7,704,600.
2. GROSS INCOME FROM OR ALLOCABLE TO DEBT- FINANCED PROPERTY	7,704,600.	6. COLUMN 4 DIVIDED BY COLUMN 5	1.00000		
	7,7	5. AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT- FINANCED PROPERTY	73,006,863.		TOTALSTOTAL DIVIDENDS-RECEIVED DEDUCTIONS INCLUDED IN COLUMN 8
1. DESCRIPTION OF DEBT-FINANCED PROPERTY	1 20F STREET	4. AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	99, 437, 500.		TOTALSTOTAL DIVIDENDS-RECEIVED DEDUCTION

ATTACHMENT	5	

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES 14,876.

PART II - LINE 28 - OTHER DEDUCTIONS

14,876.

02416Y 649R 0178297

ATTACHMENT 6

	7 EXCESS READERSHIP COSTS		32,447	32,447
	6 READERSHIP COSTS	118,910	118,910	
	5 CIRCULATION INCOME	1,419	118, 910	
PARATE BASIS	4 ADVERTISING GAIN OR LOSS		32,447	
INCOME REPORTED ON A SEPARATE BASIS	3 DIRECT ADVERTISING COSTS	15,789	15,789	15,789
	2 GROSS ADVERTISING INCOME	48,236	48,236	48,236
SCHEDULE M LINE 11 - SCHEDULE J ADVERTISING	1 NAME OF PERIODICAL	PROGRAM PLANNER		

ATTACHMENT	7	

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES 89.

PART II - LINE 28 - OTHER DEDUCTIONS

89.

02416Y 649R 0178297

ATTACHMENT	8	

SCHEDULE M - LINE 12 OTHER INCOME

CLINICAL CONGRESS ADVERTISING

LINE 12 - OTHER INCOME

19,117.

19,117.

02416Y 649R

0178297

	ATTACHMENT 9
SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS	
UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYC NOL CARRYOVER	19,117. 0. 10,139. 0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 898.
CHARITABLE CONTRIBUTION	898.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	898.

02416Y 649R

0178297

ATTACHMENT II	ATTA	CHMENT	1.0	
---------------	------	--------	-----	--

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES TELEPHONE OUTSIDE SERVICES 35.

5,788.

4,316.

PART II - LINE 28 - OTHER DEDUCTIONS

10,139.

02416Y 649R 0178297

36-2192800

American College of Surgeons Form 990-T 6/30/2019

CHARITABLE CONTRIBUTIONS CARRYOVER

	2014	2015	2016	2017	2018	Total Contribution
	190,672	126,552	42,561	50,540	2 30	410,325
					167,500	167,500
Charitable contribution available						- - -
From Pass through above					71	71
Total Charitable Contribution Available	190,672	126,552	42,561	50,540	167,586	577,896
Total Charitable Deduction Allowed						898
Net Income (Loss) after off-setting NOL						8,978
Total Charitable deduction for current year						898
Total Charitable deduction carried over to next ye	ar			-		576,998



American College of Surgeons 633 N Saint Clair Street Chicago, IL 60611

Form 990T - Year Ended 06/30/19 E I.N. 36-2192800 Supporting Schedule

Schedule E

Line 3(a) - Straight Line Depreciation

		Fixed Assets			Depreciation		
	Beginning	Additions/Deleti	Ending	Beginning	Additions/Dele	Ending	
Account	Balance	ons	Balance	Balance	tions	Balance	Net
18101 Building	53,370,629		53,370,629	11,119,756	1,368,423	12,488,179	40,882,450
18201 Building Improvements	1,121,613	15,288	1,136,901	248,567	57,203	305,770	831,131
19701 Tenant Improvements	7,820,698	(508,921)	7,311,777	2,783,806	487,452	3,271,258	4,040,519
19703 Leasing commission	3,749,122	(68,653)	3,680,468	2,050,802	154,234	2,205,036	1,475,432
19301 Tenant Furniture & Fixtures	158,964		158,964	149,039	3,046	152,085	6,879
Total	66 221 026	(562 287)	65 658 740	16 351 970	2.070.358	18 422 328	47 236 411

Check

Calculation of Deductible Depreciation Area of Building Rented Total Area of Building

145,134 sf 162,270 sf

Percentage applied to depreciation

89 44%

Deductible Depreciation

	Total		Deductible
Amount of Deductible Depreciation	Depreciation	Percent	Depreciation
Building	1,368,423	89 44%	1,223,915
Building Improvements	57,203	89 44%	51,162
Tenant Improvements	487,452	100 00%	487,452
Leasing Commissions	154,234	100 00%	154,234
Capitalized Bond Interest	3,046	100 00%	3,046
Total Deductible Depreciation	2,070,358	-	1,919,810

American College of Surgeons 20 F Street Chicago, IL 60611 Form 990T - Year Ended 06/30/19 E.I.N. 36-2192800 Supporting Schedule

Schedule E

Line 3(b) - Other Deductions

Expenses related to entire 162,270 sf of the office building at 20 F Street.

	Percent		
Expense	<u>Book</u>	<u>Deductible</u>	<u>Tax</u>
Salaries and benefits	289,749	89 44% (a)	259,151
Other Personnel Expenses	0	89 44% (a)	-
Office Expenses	41,490	89 44% (a)	37,109
Insurance	40,172	89 44% (a)	35,929
Professional Services	871,887	89 44% (a)	779,814
Utilities	398,407	89.44% (a)	356,334
Repairs and Maintenance	528,305	89.44% (a)	472,515
Real Estate Taxes	1,795,342	89.44% (a)	1,605,750
Financing Costs	3,526,765	89.44% (a)	3,154,332
Total 2019 Expenses Related to Entire Office Buildi	7,492,115		6,700,935

(a) Calculation of Deductible Expenses (ACS occupies 17,136)

Area to be rented

145,134 sf.

Total area

162,270 sf.

Percentage

89 44%

American College of Surgeons 633 N Saint Clair Street Chicago, IL 60611

Form 990T - Year Ended 06/30/19 E.I.N. 36-2192800 Supporting Schedule

Schedule E

Line 4 - Average Acquisition Debt

1st of	Outstanding Principal
July	100,000,000
August	100,000,000
September	100,000,000
October	99,625,000
November	99,625,000
December	99,625,000
January	99,250,000
February	99,250,000
March	99,250,000
Aprıl	98,875,000
May	98,875,000
June	98,875,000
Total	1,193,250,000
Number of Months Property Held	12
Average Acquisition	99,437,500

American College of Surgeons 633 N Saint Clair Street Chicago, IL 60611

Schedule E Line 5 - Average Adjusted Basis Form 990T - Year Ended 06/30/19 E I.N. 36-2192800 Supporting Schedule

	Net Beginning	Additions/Dele	Depreciation	Ending	
	Balance	tions	(a)	Balance	Average
Land (34,193,278 x 89 44% Occupancy)	30,582,468	0	0	30,582,468	30,582,468
Building (Net Amount x 89 44%Occupancy)	37,591,436	0	1,223,915	36,367,521	36,979,478
Building Imp (Net Amount x 89 44%Occupancy)	743,819	13,674	51,162	706,330	725,075
Tenant Improvements	3,603,094	(508,921)	487,452	2,606,721	3,104,907
Leasing Commissions	1,717,976	(68,653)	154,234	1,495,088	1,606,532
Tenant Furniture & Fixtures	9,925	0	3,046	6,879	8,402
Total	74,248,718	(563,901)	1,919,810	71,765,007	73,006,863

⁽a) See Schedule E Line 3a (20F) - Straight Line Depreciat

Section 1.263(a)-3(n) Election to Capitalize Repair and Maintenance Costs American College of Surgeons 36-2192800 633 N. Saint Clair St. Chicago, IL 60611

American College of Surgeons hereby elects to capitalize all repair and maintenance costs that are treated as capital expenditures on its books and records under section 1 263(a)-3(n) for the taxable year ending June 30, 2019

Section 1.263(a)-1(f) De Minimis Safe Harbor Election American College of Surgeons 36-2192800 633 N. Saint Clair St. Chicago, IL 60611

American College of Surgeons hereby elects the de minimis safe harbor election under Section 1 263(a)-1(f) for the taxable year ending June 30, 2019

AMERICAN COLLEGE OF SURGEONS

EIN 36-2192800

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 6/30/2019

FORM 990-T PART I, LINE 31

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

ACTIVITY			AMOUNT
INCOME (LOSS) FROM INVESTMENTS	NOL GENERATED	6/30/2019	485,730
RENTALS	NOL GENERATED	6/30/2019	1,002,215
ADVERTISING	NOL GENERATED	6/30/2019	89
	TOTAL	CARRYOVER TO 2019	1,488,034