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DLN: 93493041000720

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inspection

Termination

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number Name of organization AMERICAN COLLEGE OF SURGEONS **B** Check if applicable Please use IRS label or Address change 36-2192800 Doing Business As E Telephone number Name change print or type. See Specific (312) 202-5000 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 633 N Saint Clair Street Instruc-**G Gross receipts** \$ 251,163,341 tions. City or town, state or country, and ZIP + 4 Chicago, IL 60611 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for JOHN L CAMERON MD ΓYes **Γ**Nο affiliates?

	Tax-exem	<ul> <li>Briefly describe the organization's mission or most: The Primary exempt purpose is to improve the quality.</li> <li>Check this box if the organization discontinued it.</li> <li>Number of voting members of the governing body (P. Number of independent voting members of the governing body (P. Total number of employees (Part V, line 2a)</li> <li>Total number of volunteers (estimate if necessary)</li> <li>Total gross unrelated business revenue from Part V. Net unrelated business taxable income from Form 9.</li> <li>Contributions and grants (Part VIII, line 1h)</li> <li>Program service revenue (Part VIII, line 2g) .</li> </ul>			H(b) Are all affiliates included? Yes (If "No," attach a list. See instruction								
י נ	Web sit	e: ► www				Exemption Num							
<b>K</b> Ty	pe of org	ganızatıon	✓ Corporation  trust association other ►		L Year of Form	nation 1912 <b>M</b> Sta	ate of legal domicile IL						
P	art I	Sumi	marv										
				nıfıcant actıvıtıes									
Governance		The Pri	education and re	search									
žel	2	Check t	% of its assets										
	3	Number	of voting members of the governing body (Part	VI, line 1a)		з	22						
Activities &	4	Number	of independent voting members of the governir	ng body (Part VI, line 1	b)	. 4	22						
ĕ	5	Total nu	umber of employees (Part V , line 2a)			5	240						
Ř	6	Total nu	umber of volunteers (estimate if necessary) .			6	50						
ă	7a	Total gr	oss unrelated business revenue from Part VIII		7a	1,865,181							
	b	Net unr	elated business taxable income from Form 990	-T, line 34		7b	-465,625						
					Prior	Year	Current Year						
_	8	Contri	butions and grants (Part VIII, line 1h)		2,763,487	15,285,483							
Revenue	9	Progra	m service revenue (Part VIII, line 2g)		39,123,729	30,224,876							
	10	Invest	tment income (Part VIII, column (A), lines 3, 4,		29,137,918	-17,379,329							
#	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c,		5,208,551	6,222,545							
	12	Total r 12)	revenue—add lines 8 through 11 (must equal Pa	art VIII, column (A), lıı		76,233,685	34,353,575						
	13	Grants	s and sımılar amounts paıd (Part IX, column (A)	, lines 1–3)		2,216,582	2,634,000						
	14	Benefi	ts paid to or for members (Part IX, column (A),	line 4)		0	0						
\$	15	Saları 10)	es, other compensation, employee benefits (Par		20,765,637 23								
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), lin	e 11e)		0	0						
ੂੜ	Ь	(Total f	undraising expenses, Part IX, column (D), line 25 $\frac{911,227}{1}$	)									
_	17	Other	expenses (Part IX, column (A), lines 11a-11d,	, 11f-24f)		32,229,351	33,856,391						
	18	Total	expenses—add lines 13–17 (must equal Part I)	X, line 25, column (A))		55,211,570	59,832,851						
	19	Reven	ue less expenses Subtract line 18 from line 12	!		21,022,115	-25,479,276						
<u>8</u> 8	}				Beginnin	g of Year	End of Year						
90 de	20	Total	assets (Part X, line 16)		4	73,232,691	408,019,008						
Net Assets or Fond References	21	Totall	iabilities (Part X, line 26)		1	43,041,697	165,942,182						
<b>五</b> 五	22	Netas	sets or fund balances Subtract line 21 from lin	ie 20	3	30,190,994	242,076,826						
Pa	art II	Sign	ature Block		_								
			enalties of perjury, I declare that I have examined this relef, it is true, correct, and complete $$ Declaration of prepare										
	ase	****			2010-0	2-12							
Sig He		Signa	ature of officer		Date								
116	. 6		L VINCENT CHIEF FINANCIAL OFFICER e or print name and title										
Paid	d	Preparer signature		Date	Check if self-empolyed	Preparer's PTIN (Se	ee Gen Inst )						
Pre	parer's	Firm's na	ame (or yours 👠 GRANT THORNTON LLP			ETNI &							

Paid Preparer's Use Only
Preparer's
Use Only

ıf self-employed), address, and ZIP + 4

CHICAGO, IL 60604 May the IRS discuss this return with the preparer shown above? (See instructions)  $\,$  . Phone no 🕨 (312) 856-0200 

#### Part III Statement of Program Service Accomplishments (See the instructions.)

L	Briefly	describe	the	organization's mission	

The Primary exempt purpose is to improve the quality of care of the surgical patient through education and research

2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	┌ Yes ┌ No
	If "Yes," describe these new services on Schedule O	

If "Yes," describe these changes on Schedule O

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 16,412,813 including grants of \$ 28,093 ) (Revenue \$ 18,680,393

The mission of the ACS Division of Research and Optimal Patient Care (DROPC) is to improve the quality of surgical care by enabling all surgeons to apply the best scientific evidence available in all aspects of their daily practice with respect, compassion, and dignity for all patients. The DROPC promotes the practice of evidence-based surgery by developing new knowledge through basic and clinical research, the setting and verification of standards, development of best practices and guidelines, educational activities, and the collection and measurement of outcomes. The DROPC is comprised of three focus areas. 1. Cancer The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. The CoC Accreditation Program sets standards for quality, multidisciplinary cancer care delivered in more than 1,400 hospital settings in the United States and Puerto Rico. Other CoC programs include the Cancer Physician Liaison Program, the National Accreditation Program for Breast Centers, and the National Cancer Data Base. 2. Trauma The Committee on Trauma (COT) and the Trauma Programs staff oversee and support various didactic and experiential trauma courses, the National Trauma Registry, the National Trauma Data Bank, the Verification/Consultation Program for Hospitals, the Trauma System Consultation Program, and Regional Trauma Organization of State/Provincial activities. The COT is also active in pre-hospital trauma care, injury prevention and control, performance improvement and patient safety, rural trauma, disaster management, and outcomes studies. 3. Continuous Quality Improvement (CQI) The DROPCs Continuous Quality Improvement (QI) programs provide the infrastructure for several QI programs, as well as for conducting health services research, clinical research, laboratory research, meta-analyses, clinical trials, outcome studies, r

**4b** (Code ) (Expenses \$ 9,829,506 including grants of \$ 647,138 ) (Revenue \$ 9,679,832 )

Educational Programs - The College educational programs meet the needs of surgeons and the public and assist surgeons in their responsibility to maintain competency, lifelong learning, and professionalism. The department assists members in meeting educational quality measures, such as CME, and develops and enhances patient educational materials relative to surgical care. Department staff numberous educational committees and includes the following programs. The ACS Clinical Congress is an annual educational conference for surgeons, including lectures, panel sessions, postgraduate courses, presentations of scientific papers and research, video-based education sessions, and other educational activities. In 2008, attendance at the Clinical Congress included approximately 9,000 physicians. The publication, Selected Readings in General Surgery (SRGS), provides a broad, topic-oriented analysis of the current surgical literature and is available in print, online, and CD-ROM formats. SRGS reviews the entire specialty of surgery every two to three years for surgery residents and practicing surgeons, and has approximately 2,500 - 3,000 subscribers. The Surgical Education and Self-Assessment Program (SESAP) is published every three years and uses a case-based question, answer and critique format to allow residents and practicing surgeons to assess their knowledge. SESAP is an essential tool in preparing for board examinations and each edition is used by approximately 9,000 surgeons across the three years.

**4c** (Code ) (Expenses \$ 4,110,823 including grants of \$ 77,284 ) (Revenue \$ 0 )

Advocacy and Health Policy - The health policy and advocacy department develops strategies to provide high quality and safe care for surgical patients. The department develops effective communication strategies to interface with legislative and reglatory bodies. The health policy department enhances the ability to identify, prioritize and promote public policy issues relative to surgical care.

4d Other program services (Describe in Schedule O )

(Expenses \$ 12,754,323 including grants of \$ 1,881,485 ) (Revenue \$ 2,909,894 )

**le** Total program service expenses \$ 43,107,465 *Must equal Part IX, Line 25, column (B).* 

art IV	Checklist	of Red	nuired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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 I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

## Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo
	Part VI 📆			

Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	289			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	1-	V	
2-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	240			
b	If at least one is reported in 2a, did the organization file all required federal employin  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	•	4a	Yes	
ь	If "Yes," enter the name of the foreign country XE					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp			36		
	Tax Shelter Transaction?	•	• • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization f					
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the					
	year?			8		Νο
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11a				
12=	Section $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form 990 in	ساد	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			a		
_	year	12b				

Section A. Governing Body and Management

No

Νo

Νo

No No

No No

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance	es,
processes, or changes in Schedule O. See instructions.	
	_

	F , , , ,				i						
.a	Enter the number of voting members of the governing body 1a	22									
Ь	Enter the number of voting members that are independent 1b	22									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?										
ı	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?										
;	Did the organization become aware during the year of a material diversion of the organization's assets? .		5		Ī						
,	Does the organization have members or stockholders?		6								
					_						

	Does the organization have members, stockholders, or other persons who may elect one or more members of the	
	governing body?	7a
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	

Ь	each committee with	aut	horı	ty t	o a	t or	ı be	half	of t	he	gove	erni	ng b	ody	?						
а	the governing body?																				
	year by the following																				

1	Does the organization have local chapters, branches, or affiliates?		
b	If "Yes," does the organization have written policies and procedures governing the activities of such ch	apter	rs,

	amiliates, and branches to ensure their operations are consistent with those of the organization?
)	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GAY L VINCENT CFO 633 N SAINT CLAIR STREET Chicago,IL 60611 (312) 202-5000

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(-)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

## Part VII Continued

		(C) Position (check all that apply)					(E)	(F)		
(A) Name and Title	(B) Average hours per week	- 11일 11 종 1		Former Highest compensated employee Key employee Officer		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
			-							
							<u> </u>			
		-	+				$\vdash$			
		-	-	$\vdash$			$\vdash$			
			1							
1b Total							-	3,652,492	2	591,016

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►43

			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο		
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο		

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
THE NORTHERN TRUST COMPANY 50 SOUTH LASALLE STREET CHICAGO, IL 60675	INVESTMENTS&BANKING	1,398,103
QC METRIX 500 CLARK ROAD TEWKSBURY, MA 01876	COMPUTER/BIOSTAT SER	3,291,376
CMGRP PO BOX 7247-6593 PHILADELPHIA, PA 19170	PUBLIC RELATIONS	1,437,015
BLUE CROSS BLUE SHIELD PO BOX 1186 CHICAGO, IL 60690	INSURANCE	2,082,765
JONES LANG LASALLE AMERICAS INC 1801 K STREET NW SUITE 1000 WASHINGTON DC, DC 20006	REALESTATE LOAN SERV	1,002,869
2 Total number of independent contractors (including those in 1) of from the organization		47

Statement of Revenue

VIII							
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	713,485				
gra	c	<b>1b</b> Fundraising events					
îş, an		1c					
<u>ਜ਼</u> ੍ਹੇਰ	d	Related organizations1d	12,927,846				
å Si⊞	е	Government grants (contributions) <b>1e</b>			ļ		
ž F	f	All other contributions, gifts, grants, and similar amounts not included above	1,644,152				
記事	ـــا	<b>1f</b> Noncash contributions included in					
Š E	g	lines 1a-1f \$6,736					
Ç 10	h	Total (Add lines 1a-1f)		15,285,483			
			Business Code				
nE e	2a	EDUCATION	611,600	9,679,832	9,679,832		
ek ek	ь	TRAUMA PROGRAMS	611,600	6,103,522	6,103,522		
e e	С	CANCER PROGRAM	611,600	5,098,520	5,098,520		
P.	d	CONTINUOUS QUALITY IMPROVEMENT	900,099	7,478,351	7,478,351		
Program Serwce Revenue	e	INTEGRATED COMMUNICATIONS	900,099	1,864,651	1,864,651		
୍ୟକ୍ଷ	f	All other program service revenue					1
<u>\$</u> 	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	· · · · · · · · · · · · · · · · · · ·				
		other similar amounts)	· · · · .	6,641,293			6,641,293
	4	Income from investment of tax-exempt be	ond proceeds	0			
	5	Royalties		1,651,585			1,651,585
		(ı) Real	(11) Personal				
	6a	Gross Rents 9,934,888					
	Ь	Less rental 7,297,543 expenses					
	С	Rental income 2,637,345 or (loss)					
	d	Net rental income or (loss)		2,637,345		1,392,497	1,244,848
		(ı) Securities	(II) O ther				
	7a	Gross amount 185,491,601 from sales of					
		assets other than inventory					
	ь	Less cost or 209,512,223 other basis and					
		sales expenses Gain or (loss) -24,020,622					
	c d	Net gain or (loss)		-24,020,622			-24,020,622
			. ▶	, ,			<i>, ,</i>
	8a	Gross income from fundraising events (not including					
Other Revenue	ь	of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a  Less direct expensesb					
Ě	С	Net income or (loss) from fundraisi	ng events ▶	0			
J	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming a	activities	0			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of		0			
		Miscellaneous Revenue	Business Code				
	11a	MURPHY AUDITORIUM	900,099	335,725		335,725	
	b	SURGEONS ASSET	541,900	136,959		136,959	
	С	MANAGEMENT ASSOCIATION MANAGEMENT SERVICES	541,900	1,045,243	1,045,243		
	d	All other revenue		415,688			415,688
	e	Total. Add lines 11a-11d			+		
	12	T-1-ID A 111 T	\$ 1,933,615	34,353,575	31,270,119	1,865,181	-14,067,208
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3 8c, 9c, 10c, and 11e		٥٠,٥٥٥,٥/٥	31,270,119	1,003,181	-14,007,208
	J	20, 200, 4114 220 1 1 1 1 1		L			Form <b>990</b> (2008)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	740,636	740,636					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,741,241	1,741,241					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	152,123	152,123					
4	Benefits paid to or for members	0	132,123					
5	Compensation of current officers, directors, trustees, and key employees	4,464,533	2,950,033	1,413,984	100,516			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	13,574,168	8,969,412		305,614			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,678,813	1,109,311	531,705	37,797			
9	Other employee benefits	2,399,507	1,585,524	759,960	54,023			
10	Payroll taxes	1,225,439	809,734	388,115	27,590			
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	432,249	330,383	88,307	13,559			
С	Accounting	178,868	30,657	148,211				
d	Lobbying	0						
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	1,655,059	210,378	1,444,681				
g	Other	10,494,682	10,468,855		25,827			
12	Advertising and promotion	353,001	325,158	11,772	16,071			
13	Office expenses	3,614,496	3,111,973	316,577	185,946			
14	Information technology	943,749	597,596	346,153				
15	Royalties	25,921	25,921					
16	Occupancy	1,235,400	552,314	682,328	758			
17	Travel	1,623,119	1,429,698	169,295	24,126			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	4,174,203	3,623,276	472,874	78,053			
20	Interest	969,352		969,352				
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	2,626,596		2,626,596				
23	Insurance	230,814	83,330	136,753	10,731			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )							
а	EQUIPMENT MAINTENANCE	1,284,498	1,054,091	224,772	5,635			
b	FURNISHINGS RENTAL	263,239	234,357	22,825	6,057			
c	OTHER PERSONAL EXPENSES	154,031	104,548	45,588	3,895			
d	ALL RECRUITMENT EXPENSE	180,786		166,757	14,029			
e	HONORARIA	2,113,012	2,087,012	25,000	1,000			
f	All other expenses	1,303,316	779,904	523,412				
25	Total functional expenses. Add lines 1 through 24f	59,832,851	43,107,465	15,814,159	911,227			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2008)			

	Part X	Balance	Sheet
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						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_			186.172	1	1,711,657
	2	Savings and temporary cash investments				,	2	.,
	3	Pledges and grants receivable, net		•		1,376,135		1,591,047
	4	Accounts receivable, net	•	•		10,740,183	4	9,690,751
	5	Receivables from current and former officers, directors, trustee			oyees or	10,740,100	-	0,000,701
		other related parties Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net			•		7	
	8	Inventories for sale or use			•		8	
\$	9	Prepaid expenses and deferred charges				1,933,380	9	1,690,723
ssets	10a	Land, buildings, and equipment cost basis						
⋖	L	Laca accumulated degree of the Complete Part I/I of	10a		147,127,726			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь		37,905,349	77,390,483	10c	109,222,377
	11	Investments—publicly traded securities	-	٠.			11	
	12	Investments—other securities See Part IV, line 11 Complete B Schedule D	Part VI	I of		377,679,893	12	280,734,907
	13	Investments—program-related See Part IV, line 11 Complete	Part VI	II				
	4.4	of Schedule D .					13	
	14	Intangible assets				2 020 445	14	2 277 540
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				3,926,445	15	3,377,546
	16	Total assets. Add lines 1 through 15 (must equal line 34)				473,232,691	16	408,019,008
	17	Accounts payable and accrued expenses .				15,630,040	17	21,255,268
	18	Grants payable			18			
	19	Deferred revenue		8,828,055	19	10,015,557		
	20	Tax-exempt bond liabilities		25,307,000	20	25,307,000		
ēŠ	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ę		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third partie	s .			51,689,199	23	77,074,477
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				41,587,403	25	32,289,880
	26	Total liabilities. Add lines 17 through 25				143,041,697	26	165,942,182
		Organizations that follow SFAS 117, check here ► ✓ and com	plet e l	ines 2	7			_
ф		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets				302,422,387	27	220,712,732
Balance	28	Temporarily restricted net assets				22,487,716	28	16,081,203
Ξ	29	Permanently restricted net assets		5,280,891	29	5,282,891		
r Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.						
S OF	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
As	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances				330,190,994	33	242,076,826
Z	34	Total liabilities and net assets/fund balances				473,232,691	34	408,019,008
	1							
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 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		
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		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493041000720

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

MERI	CAN C	OLLEGE OF SUR	GEONS									
								36	-2192800	c		
Pai	rt I 🛭	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The c	rganı	zatıon ıs not	a private found	ation because it is (Please	check onl	y <b>one</b> orga	anızatıon )	)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(	(A)(i).			
2	Γ	A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	le E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	bed in <b>Sec</b>	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H )	
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital de	escribed ii	n Section	170(b)(1)	( <b>A</b> )(iii). E	nter the	
		•	name, city, and									
5	$\sqcap$	Anorganiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	iplete Pari	tII)					
9	<u> </u>	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	oss
		receipts fro	om activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sinesses	3
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	( <b>a)(4).</b> (Se	ee instruc	tions )	
11	Г	_	=	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	. Check
					Type III				'' d	Гтуре	III - Ot	her
e	Г	By checkin	g this box, I ce	rtify that the organization is			-		one or mor	re disquali	fied pers	ons
		other than	foundation man	agers and other than one or	more publ	ıcly suppo	orted orga	nızations (	described	ın sectior	509(a)	(1) or
		section 50		d	th . IDC		- T T	T 11 -				
f		check this		d a written determination fro	m the IRS	tnat it is	a Type I,	Type II o	r i ype iii	supportir	ig organi	zation,
g				as the organization accepte	d any gift	or contribi	ution from	any of the	<u> </u>			'
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d ın (ıı)		Yes	No
			· -	ng body of the the supported	_	tion?				11g		<u> </u>
			•	erson described in (i) above						11g(		<u> </u>
				ty of a person described in (						11g(	iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports					
			/m> ===.									
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s the ation in		ou notify inization	1	s the ation in	1	mount of port?
		nization		above or IRC section		listed in		i) of your	_	rganized	Sup	port.
				(See Instructions))	yourgo			ort?		υs?		
					docur	ment?		,				
					Yes	No	Yes	No	Yes	No		
								1		I		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check	ted the box of	Tillie 5 of Fart	. 1.)			
	ction A. Public Support	( ) 2004	(1) 2025	( ) 2005	(1) 2027	( ) 2000	(6) =
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	22,606,080	17,374,842	15,159,225	2,763,487	15,285,483	73,189,117
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	15,755,035	20,188,240	21,587,005	39,123,729	31,270,119	127,924,128
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1-5	38,361,115	37,563,082	36,746,230	41,887,216	46,555,602	201,113,245
	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1 % of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						201,113,245
То	tal Support						
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	38,361,115	37,563,082	36,746,230	41,887,216	46,555,602	201,113,245
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,358,718	15,813,106	17,632,967	17,904,679	9,537,726	75,247,196
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
С	Add lines 10a and 10b	14,358,718	15,813,106	17,632,967	17,904,679	9,537,726	75,247,196
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,991,852	1,742,822	2,708,322	2,515,383	415,688	9,374,067
13	<b>Total Support</b> (Add lines 9, 10c, 11 and 12)						285,734,508
14	First Five Years If the Form 990 is for the o check this box and stop here		st, second, third	, fourth, or fifth	tax year as a 50	01(c)(3) organız	ation, ►

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))

Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g

15	70 385 %	
16	67 461 %	

(	Computation	of Inv	estment	Income	Percentago	e

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

**17** 26 335 % 28 662 %

▶▼

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 36-2192800

Name: AMERICAN COLLEGE OF SURGEONS

#### Form 990, Part VII - Section Aaa

- Com 550/ Furt VII Section Aut	4	Form 990, Part VII - Section Ada										
		Posit t	(C non ( hat a	chec		I			(5)	(F) Estimated amount of other compensation from the organization and related organizations		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)			
John L Cameron , President	1 0	Х		Х				0	0	0		
LD Britt , Chair	1 0	Х						0	0	0		
A Brent Eastman , Vice Chair	1 0	Х						0	0	0		
H Randolph Bailey , Director	1 0	Х						0	0	0		
Barbara L Bass , Director	1 0	Х						0	0	0		
Bruce D Browner , Director	1 0	Х						0	0	0		
Martin B Camins , Director	1 0	Х						0	0	0		
Richard J Finley , Director	1 0	Х						0	0	0		
Julie A Freischlag , Director	1 0	Х						0	0	0		
Barrett G Haık , Dırector	1 0	Х						0	0	0		
Charles D Mabry , Director	1 0	Х						0	0	0		
Mark A Malangoni , Director	1 0	Х						0	0	0		
Robin S McLeod , Director	1 0	Х						0	0	0		
Raymond F Morgan , Director	1 0	Х						0	0	0		
Carlos A Pellegrini , Director	1 0	Х						0	0	0		
Karl C Podratz , Director	1 0	Х						0	0	0		
John T Preskitt , Director	1 0	Х						0	0	0		
J David Richardson , Director	1 0	Х						0	0	0		
Valerie W Rusch , Director	1 0	Х						0	0	0		
Howard M Snyder III , Director	1 0	Х						0	0	0		
Mark C Weissler , Director	1 0	Х						0	0	0		
Thomas V Whalen , Director	1 0	Х						0	0	0		
Jack W McAninch , First Vice President	1 0			Х				0	0	0		
Richard B Reiling , Second Vice President	1 0			х				0	0	0		
Courtney M Townsend Jr , Secretary	1 0			Х				0	0	0		
Andrew L Warshaw , Treasurer	1 0			Х				0	0	0		
Thomas R Russell , Executive Director	40 0			Х				539,605	0	73,258		
Gay Vincent , Chief Financial Officer	40 0			Х				212,918	0	68,935		
LaMar S McGinnis Jr , President-Elect	1 0			Х				0	0	0		
Kirby I Bland , First Vice President- Elect	1 0			х				0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
<b>(A)</b> Name and Title	( <b>B)</b> Average hours per week	individual Trustee or Director	on a Institutional Trustee	chec	)	Highest compensatedemployee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Karen E Deveney , Second Vice President-Elect	1 0	<u> </u>	'	Х		<del></del>		0	0	0
A jit K Sachdeva , Director of Education	40 0				Х			443,959	0	72,119
Paul E Collicott , Director of Member Services	40 0				х			443,957	0	64,599
Clifford Ko , Director of Research and OPC	40 0				х			326,511	0	13,585
Linn J Meyer , Director of Communications	40 0				х			203,248	0	99,969
Savitri P Pai , Chief Operating Officer - SAM	40 0				х			200,842	0	20,119
Christian D Shalgian , Dir of Advocacy & Health Pol	40 0				х			185,188	0	29,408
Lewis M Flint , Editor of Selected Readings	40 0					Х		350,587	0	25,181
Howard Tanzman , Director of Information Tech	40 0					х		205,527	0	40,145
Felix Niespodziewanski , Dir of Conventions & Meetings	40 0					х		148,650	0	50,207
Wendy C Husser , Editor of JACS	40 0					Х		193,963	0	0
Karen E Richards , Admin Director of Research	40 0					x		197,537	0	33,491

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Busines		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a EDU	UCATION	611,600	9,679,832	9,679,832		
<b>b</b> TRA	AUMA PROGRAMS	611,600	6,103,522	6,103,522		
<b>c</b> CAI	NCER PRO GRAM	611,600	5,098,520	5,098,520		
. a	NTINUOUS QUALITY PROVEMENT	900,099	7,478,351	7,478,351		
e INT	regrated communications	900,099	1,864,651	1,864,651		

## OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	ne organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5	(Proxy Tax)		•	
N a	ame of the organization ERICAN COLLEGE OF SURGEONS	zanono complete i art in			tification number	
Pai		oy all organizations exempe the instructions for Schedule		36-2192800 n <b>501(c) and section</b>	527	
1	-	ganızatıon's dırect and ındırect po	•	ivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Pai	<b>To be completed b</b> for Schedule C for d	oy all organizations exempetails.)	ot under section	<b>n 501(c)(3).</b> (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955		\$	
2	Enter the amount of any excise	e tax incurred by organization man	agers under section	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form	n 4720 for this year	?	┌ Yes ┌ No	
4a	Was a correction made?				┌ Yes	
Ь	If "Yes," describe in Part IV					
Par		oy all organizations exemper for Schedule C for details.)	ot under section	n 501(c), except sect	ion 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contri	buted to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add III	nes 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			☐ Yes ☐ No	
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which pay were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -	
_						

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	Check   If the filing organization			
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?	Yes		23,000
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		120,401
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through			143,401
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	_
Pa <u>r</u>	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c	)(5), or

section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b\$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
	expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
chedule C, Part IV	Part II-B Description of Lobbying for Non Electing Public Charities	Item (b)The American College of Surgeons has a staff in Washington, D C which, as part of their duties for the College, establishes contacts and maintains liaisons with members of congress and their staff, government agencies, and other health regulated organizations in order to exchange information pertinent to surgery to do this they 1 communicate College views on legislation and regulations to staffs and members of Congress through personal visits, telephone conversations, and letters 2 Organize or participate coalitions of organizations with related legislative interest 3 Arrange and facilitate meetings for College officials and members with elected legislators and staff 4 Arrange for College officials to present testimony at congressional hearings and draft and produce testimony and official written responses to legislative proposals Item (g) As discussed in item (b) above, the Washington staff maintains liaisons with members of Congress, their staff, and government agencies to exchange information pertinent to surgery. The major issues under discussion related to Medicare fee schedule, funding for Trauma system development, health care quality and medical liability reform.

1 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public

Schedule D (Form 990) 2008

Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization **Employer identification number** AMERICAN COLLEGE OF SURGEONS 36-2192800 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	_	nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	5 5	
Pai	rt III Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or		, , , , , , , , , , , , , , , , , , , ,
	Preservation of land for public use (e.g., recreating Protection of natural habitat	on or pleasure) Preservation of a	n historically importantly land area ertified historic structure
	Preservation of open space	, reservation or e	erimea mistorie stractare
_	•	6. d	
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the for	m or a conservation easement
	· ·		Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ted by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation opcoment is located .	
5	· · · · ·		lations and
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during th	e year ▶
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the	year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of se	Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	the footnote to the organization's financi	
Par	t III Organizations Maintaining Collectio	ns of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art,	, His	tori	<u>cal T</u>	reas	ures, or Oth	er Sim	<u> illar</u>	Asse	ts (cc	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	owing	that a	re a sıgnıfıcant	use of it	ts co	llection	I	
а	Public exhibition		d	Γ	Loar	orex	hange progran	าร				
ь	Scholarly research		e	Γ	Othe	er						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n hov	w the	/ furth	ner the	organization's	exemnt	nurna	nse in		
•	Part XIV	meetions and explai	11 110	, the	y luiti	ier the	organization 3	cxcmpt	puipo	750 111		
5	During the year, did the organization solicities							ımılar		Γ,	Vac	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if th	ne org		wered	"Yes			,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other asset	s not		Γ,	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				_					
										A mou	nt	
С	Beginning balance						10	:				
d	Additions during the year						10	I				
e	Distributions during the year						16	:				
f	Ending balance						1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	,										
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year	(b	)Prior	Year	(c)	wo Years Back (	<b>d)</b> Three Y	ears B	Back (e)	Four Y	ears Back
1a	Beginning of year balance	228,519,859										
Ь	Contributions	78,758										
С	Investment earnings or losses	-51,137,390										
d	Grants or scholarships	1,826,840										
е	Other expenditures for facilities and programs	8,901,630										
f	Administrative expenses											
g	End of year balance	166,732,757										
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment 🕨	94 14 %										
ь	Permanent endowment ► 3 17 %											
С	Term endowment ► 269 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ition	thata	are he	ld and	administered fo	or the				
	organization by										Yes	No
	(i) unrelated organizations								•	3a(i)		No
_	(ii) related organizations								-	3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•							•	3b		
4 Date	Describe in Part XIV the intended uses of the tVI Investments—Land, Building:					000 г	Part V June 10	١				
Pai	t VI Investments—Land, Buildings	s, and Equipmen	IL. S									
	Description of investment					r other stment)	( <b>b)</b> Cost or other basis (other)	(c) De	precia	ition	( <b>d)</b> Boo	k value
1a	and						42,019,06	7			4	2,019,067
b E	Buildings						56,098,93	7 :	28,07!	5,769	2	8,023,168
<b>c</b> l	easehold improvements											
d E	quipment						10,745,19	1	9,57	5,358		1,169,833
<b>e</b> (	Other						39,800,30		1,789	9,997		8,010,309
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	ın (B	), line	10(c)	.) .			<u></u>			9,222,377
		·							chedi	ıle D (F		90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	( <b>b)</b> Book value		d of valuation · year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		( <b>b)</b> Book value
OTHER ASSETS			3,377,546
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes  DUE TO AFFILIATES	5,672,153		
FUNDS HELD FOR OTHERS	25,877,650		
OBLIGATIONS UNDER CAPITAL LEASES	740,077		
	, , , , , , ,		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	32,289,880		

Раг	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Com	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	irt XIV,	lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SCHEDULE D - PART V	LINE 4	The endowment funds are intended to provide and ensure that education, research, scholarships, building facilities and the college as a whole have enough funding to last during hard economic times, while providing the operations of the college an annual 5% spending rate
SCHEDULE D	PART XI-XIII	AMERICAN COLLEGE OF SURGEONS IS CONSOLIDATED WITH AMERICAN COLLEGE OF SURGEONS FOUNDATION AND AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION FOR AUDIT PURPOSES AND THEREFORE, THERE IS NOT A SINGLE AUDIT FOR AMERICAN COLLEGE OF SURGEONS

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As Filed Data -

DLN: 93493041000720

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

Nar	ne of the organization	202010				Employer ide	entification number
АМ	ERICAN COLLEGE OF SU	RGEONS				36-219280	0
P	General Infor "Yes" to Form 9			ide the United State:	<b>s.</b> Complete	e if the orgai	nization answered
1	<b>For grantmakers.</b> Doe assistance, the grante	es the organiza	ation maintain i or the grants oi	records to substantiate r assistance, and the se	lection crite	rıa used to a	ward
2	_			rocedures for monitoring tl			
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	1	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	<b>(f)</b> Total expenditures in region
Nor	th A merica	0	0	Grantmakıng			27,500
	ope (Including Iceland and enland)	0	0	Grantmaking			114,623
Eas	t Asia and the Pacific	0	0	Grantmakıng			10,000

Totals.

152,123

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe/Iceland/Greenland		30,000	CHECK			FMV
			East Asia/Pacific		10,000	CHECK			FMV
			North America		20,000	CHECK			FMV

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
2009 JAPAN TRAVELING FELLOW	North America	1	7,500	CHECK			FMV
EXCELLENCE IN RESEARCH AWARD	Europe/Iceland/Greenland	1	1,000	CHECK			FMV
INTERNATIONAL GUEST SCHOLAR	Europe/Iceland/Greenland	9	72,000	CHECK			FMV
ISLAMI SCHOLAR	Europe/Iceland/Greenland	1	8,000	CHECK			FMV
							1
							-
							<u> </u>

Schedule F (Form 990) 2008

	Patter Paterna	uired in Part I, line 2, and any other additional information.
Identifier SCHEDULE F - PART I	ReturnReference	Explanation  The American College of Surgeons offers various awards and scholarships each year Each award has a requirements brochur and samples can be found on http://www.facs.org/memberservices/research.html. The College has a selection committee who is responsible for deciding who receives these awards. Awardees provide a budget for larger awards, and are required to submit annual and final narrative and financial reports. Smaller awards require a narrative and simple financial report upon completion of the project. The Member Services Division employs an international liaison and scholarships administrator to monitor and oversee this program.

Software ID:

**Software Version:** 

**EIN:** 36-2192800

Name: AMERICAN COLLEGE OF SURGEONS

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Europe/Iceland/Greenland		30,000	CHECK			FMV
		East Asia/Pacific		10,000	CHECK			FMV
		North America	_	20,000	CHECK			FMV

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DLN: 93493041000720

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN COLLEGE OF SURGEONS

**Schedule I** 

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

AMERICAN COLLEGE OF SORG						36-2192800	
<ul> <li>Part I General Information</li> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the org</li> </ul>	taın records to sub to award the grants	or assistance?					√Yes ┌ ſ
Part II Grants and Other Form 990, Part IV Part IV and Scheo	er Assistance to , line 21 for any Jule I-1 if additio	o Governments a recipient that received	nd Organizations i ved more than \$5,00	n the United Stat 0. Check this box if	es. Complete if the or	eived more than \$5,0	
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR BIOMEDICAL RESEARCH 818 CONNECTICUT AVENUE NW WASHINGTON, DC 20006	04-2746997		62,500				
ACCMEDEPT 20-1051 CAROL STREAM, IL 601975940	36-3947699		5,500				
COUNCIL OF MED SPECIALTY SOCIETIES51 SHERWOOD TERRACE LAKE BLUFF,IL 600442232	36-2868605		45,000				
AMERICAN MEDICAL ASSOCIATION515 N STATE STREET CHICAGO,IL 60610	36-0727175		12,500				
CSPS633 N SAINT CLAIR ST CHICAGO,IL 60611	01-0902773		10,455				
NAACCR2121 WEST WHITE OAKS DRIVE SPRINGFIELD,IL 627044649	77-0324665		20,000				
NATIONAL COALITION ON HEALTH CARE1200 G STREET NW WASHINGTON, DC 20005	52-1687849		20,000				
AMERICAN GERIATRICS SOCIETY350 5TH AVE SUITE 801 NEW YORK, NY 10118	13-1950856		6,000				
NATIONAL QUALITY FORUM601 THIRTEENTH ST NW WASHINGTON, DC 20005	52-2175544		22,000				
AMERICAN ACADEMY OF OTOLARYNGOLOGY1650 DIAGONAL ROAD ALEXANDRIA, VA 22314	52-1219436		26,079				
APGF BIENNIAL 2006619 PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632	22-3052098		10,000				
SAGES11300 W OLYMPIC BLVD SUITE 600 LOS ANGELES,CA 90064	52-1219359		458,541				
2 Enter total number of sections organizations							21
3 Enter total number of other						<u></u>	10

art III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "\	Yes" on Fori	n 990,	Part IV,	line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	•					

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SCHEDULE I - PART I		The American College of Surgeons offers various awards and scholarships each year. Each award has a requirements brochure and samples can be found on http://www.facs.org/memberservices/research.html. The College has a selection committee who is responsible for deciding who receives these awards. Awardees provide a budget for larger awards, and are required to submit annual and final narrative and financial reports. Smaller awards require a narrative and simple financial report upon completion of the project. The Member Services Division employs an international liaison and scholarships administrator to monitor and oversee this program.

Software ID: Software Version:

**EIN:** 36-2192800

Name: AMERICAN COLLEGE OF SURGEONS

Form 990, Schedule I, Part III, Gran	ts and Other As	sistance to Individ	duals in the United	States	
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
2008 RESIDENT AWARD	1	1,500			
2009 ANZ FELLOWSHIP	1	6,000			
2009 GERMANY FELLOWSHIP	1	6,000			
ACS SCHOLAR	1	45,227			
CLOWES AWARD	6	336,250			
COC COMPETITION	3	2,000			
COT PAPER COMP AWARD	1	3,870			
EXCELLENCE IN RESEARCH AWARD	10	10,401			
FACULTY RESEARCH FELLOWSHIP	15	570,630			
HEALTH POLICY SCHOLAR	14	108,800			
2009 ACS/AAO-HNS SCHOLARSHIP	1	3,200			
JACOBSON AWARD	2	60,000			
METI GRANT	2	75,583			
OWEIDA SCHOLAR	1	4,280			
RESIDENT RESEARCH SCHOLARSHIP	11	330,000			
SURGICAL VOLUNTEER AWARD	3	22,500			
ACS/TRIOLOGICAL CLINICAL SCIENTIST DEVELOPMENT AWA	3	20,000			
WOUND CARE MANAGEMENT AWARD	1	85,000			
WYETH RESIDENT RESEARCH SCHOLARSHIP	1	30,000			
FACULTY CAREER DEVELOPMENT AWARD	1	20,000			

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As Filed Data -

DLN: 93493041000720

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

**Compensation Information** 

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF SURGEONS

**Employer identification number** 

36-2192800

Ρā	Questions Regarding Compensation								
					Yes	Νo			
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to								
	First class or charter travel	$\vdash$	Housing allowance or residence for personal use						
	Travel for companions	$\Gamma$	Payments for business use of personal residence						
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initiation fees						
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)						
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,			1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?								
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		·						
	✓ Compensation committee	~	Written employment contract						
	Independent compensation consultant	굣	Compensation survey or study						
	Form 990 of other organizations	~	Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Pa	rt V I	I, Section A, line 1a						
а	Receive a severance payment or change of control pay	t?	4a		Νo				
b	Participate in, or receive payment from, a supplementa	ıl nor	nqualified retirement plan?	4b		Νo			
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item in Part III						
	501(c)(3) and 501(c)(4) organizations only must comp	olete	lines 5-8.						
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ie 1a	, did the organization pay or accrue any						
а	The organization?			5a		Νo			
b	Any related organization?			5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III								
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue any						
а	The organization?			6a		Νo			
b	Any related organization?			6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III								
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des		· · · · · · · · · · · · · · · · · · ·	7		Νo			
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III			g		No			

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation_	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Thomas R Russell	(ı) (ıı)	503,448 0	157 0	36,000 0	52,898 0	20,360 0	612,863 0	354,24	
Gay Vıncent	(ı) (ıı)	188,176 0	168 0	24,574 0	48,575 0	20,360 0	281,853 0	137,4	
Ajıt K Sachdeva	(ı) (ıı)	423,315 0	144 0	20,500	51,759 0	20,360 0	516,078 0	287,45	
Paul E Collicott	(ı) (ıı)	407,815 0	142 0	36,000 0	57,267 0	7,332 0	508,556 0	287,25	
Lewis M Flint	(ı) (ıı)	329,621 0	51 0	20,915	4,821 0	20,360 0	375,768 0	170,28	
Clifford Ko	(ı) (ıı)	326,460 0	51 0	0	13,585 0	0	340,096 0	198,00	
Linn J Meyer	(ı) (ıı)	182,422 0	326 0	20,500	79,609 0	20,360 0	303,217 0		
Howard Tanzman	(ı) (ıı)	184,816 0	311 0	20,400	19,785 0	20,360	245,672 0	132,9	
Savitri P Pai	(ı) (ıı)	169,774 0	68 0	31,000	20,119 0	0	220,961 0		
Christian D Shalgian	(ı) (ıı)	174,519 0	188 0	10,481	9,048 0	20,360 0	214,596 0		
Felix Niespodziewanski	(1) (11)	127,836 0	314 0	20,500	29,847 0	20,360 0	198,857 0		
Wendy C Husser	(ı) (ıı)	156,571 0	0	37,392 0	0	0	193,963 0		
Karen E Richards	(ı) (ıı)	163,919 0	128 0	33,490 0	13,131 0	20,360 0	231,028		
	(ii)								
	(i)								
	(ii)								

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

Wendy C Husser

Karen E Richards

(ı) (ıı)

(1)

(11)

156,571

163,919

193,963

231,028

Software ID: Software Version:

**EIN:** 36-2192800

128

Name: AMERICAN COLLEGE OF SURGEONS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
(A) Name	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form					
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ					
Thomas R Russell (I)	503,448 0	157 0	36,000 0	52,898 0	20,360 0	612,863 0	354,245 0					
Gay Vincent (i)	188,176 0	168 0	24,574 0	48,575 0	20,360 0	281,853 0	137,445 0					
A jit K Sachdeva (i)	423,315 0	144 0	20,500 0	51,759 0	20,360 0	516,078 0	287,457 0					
Paul E Collicott (i)	407,815 0	142 0	36,000 0	57,267 0	7,332 0	508,556 0	287,257 0					
Lewis M Flint (i)	329,621 0	51 0	20,915 0	4,821 0	20,360 0	375,768 0	170,280 0					
Clifford Ko	326,460 0	51 0	0	13,585 0	0	340,096 0	198,000					
Linn J Meyer (i)	182,422 0	326 0	20,500 0	79,609 0	20,360 0	303,217	0 0					
Howard Tanzman (I)	184,816 0	311 0	20,400 0	19,785 0	20,360 0	245,672 0	132,918 0					
Savitri P Pai (i)	169,774 0	68 0	31,000 0	20,119 0	0	220,961	 0 0					
Christian D Shalgian (i)	174,519 0	188	10,481	9,048	20,360 0	214,596 0	0					
Felix Niespodziewanski (i)	127,836 0	314 0	20,500	29,847 0	20,360 0	198,857 0	0					

37,392

33,490

0

20,360

13,131

## OMB No 1545-0047

Inspection

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization AMERICAN COLLEGE OF SURGEONS Employer identification number

36-2192800

ldentifier	Return Reference	Explanation
FORM 990 - PART III, LINE 4D	Other Program Services	The College contains an Integrated Communications area and Member Services among others. Through Member Services, the College continues to remain a major professional association, with 77,000 members, for all surgical specialists that meets the needs of member surgeons with programs and services that help them adapt to a changing health care environment. The Division evaluates all applications for fellow ship based upon defined fellow ship, associate fellow, and candidate requirements. The Division also staffs the International Relations Committee, Scholarship Committee, and the 12 Surgical Specialty Advisory Councils. Scholarships are awarded to various medical students and are contained within this area. This Division also acts as the staff liaison for the 216 elected Board of Governors. The Board of Governors advises and councils the Board of Regents. The Division also heads the activities of our 102 domestic and international chapters. EXPENSES. 12,754,323 GRANTS. 1,881,485 REVENUES. 2,909,894.

ldentifier	Return Reference	Explanation
FORM 990 - PART VI, SECTION A, LINE 10	Board Review of Form 990	The American College of Surgeons ("ACS") Board of Regents delegated the review of the 990 to the Finance Committee. When the draft 990 forms are completed by the Accounting department and reviewed by outside tax professionals, copies of the 990 forms will be sent to the Finance Committee. The Finance Committee will be given ample time to review the documents and address any concerns to the Chief Financial Officer. Once the Finance Committee's concerns are addressed, the Accounting department will file the 990 forms with the IRS.

ldentifier	Return Reference	Explanation
FORM 990 - PART XI, SECTION B, LINE 12C	Conflict of Interest Policy	The College has conflicts of interest policies for employees, consultants and board members. All employees, consultants and board members are required to sign a disclosure statement each year. The Chief Financial Officer's office disseminates and collects these forms. There is also a Conflicts of Interest Committee that meets periodically as the need arises, to discuss issues that relate to conflicts of interest. The committee accounts for the receipt of disclosure statements and follow up on any issues. This information is then reported to the Finance Committee of the Board of Regents. If the Finance Committee feels there are conflicts that are questionable in nature, they are reported to the Board of Regents.

ldentifier	Return Reference	Explanation
FORM 990 - PART VI, SECTION B, LINE 15B	Compensation Policy	The College has policies and procedures concerning compensation increases, performance evaluations, and job evaluations. In addition, merit increases are included as a budget parameter for review by the Finance Committee as is the addition of any new employee or human resource benefit proposal. The College has an Executive Compensation Committee as a subcommittee to the Finance Committee. The committee is comprised of the Board of Regents Chair, Board of Regents Treasurer, Board of Governors Secretary, and a member of the Finance Committee. The Executive Compensation Committee's purpose is as follows. To establish procedures to create a "rebuttable presumption of reasonableness" in connection with IRS intermediate sanctions regulations. Responsibilities are to ensure that compensation for each "disqualified person" is reasonable. Human Resources provides comparability data to the committee in the form of surveys, other similar organizations, geographical comparisons, and actual written offers from similar institutions for the services of a disqualified person. The committee documents the basis for all compensation determinations.

ldentifier	Return Reference	Explanation
FORM 990 - PART VI, Section C, Line 19	Documents made available to public	GOVERNING DOCUMENTS ARE AVAILABLE PER REQUEST AND ARE ALSO AVAILABLE ON WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation
FORM 990 - PART XI, Line 2a	Consolidated Financial Statements	The organization does not prepare a separately issued (for the reporting organization alone) financial statement that is audited, compiled, or reviewed by an independent accountant

#### DLN: 93493041000720

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

AMERICAN COLLEGE OF SURGEONS 36-2192800 Part I **Identification of Disregarded Entities** (D) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity SURGEONS ASSET MANAGEMENT 633 N SAINT CLAIR STREET INVST ADVISOR ΙL -1,758,781 0 CHICAGO, IL 60611 20-3761195 ACS EAST ONTARIO LLC 634 N SAINT CLAIR STREET RE INVESTMENT IL 0 0 CHICAGO, IL 60611 36-2192800 Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity AMERICAN COLLEGE OF SURGEONS PROF ASSOC 633 N SAINT CLAIR STREET EDU & PROF ΙL 501(c)(6) N/A N/A CHICAGO, IL60611 30-0079883 ACSPA Surgeons PAC 633 N SAINT CLAIR STREET ACSPA SURGEON ΙL 527 N/A N/A CHICAGO, IL60611 14-1849039 AMERICAN COLLEGE OF SURGEONS FOUNDATION NA 633 N SAINT CLAIR STREET GRANTING ΙL 501(c)(3) CHICAGO, IL60611 30-0305504

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	micile Direct controlling late or entity reign		( <b>E</b> ) Predominant income(related, investment, unrelated)		<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	( <b>J)</b> General of managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

AMERICAN COLLEGE OF SURGEONS FOUNDATION

Part V	Transactions with Related Organizations			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV	Y	es	No
<b>1</b> During	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Rec	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			No
<b>b</b> Gift	t, grant, or capital contribution to other organization(s)			No
<b>c</b> Gıft	t, grant, or capital contribution from other organization(s)	Y	es	
<b>d</b> Loa	ans or loan guarantees to or for other organization(s)			No
<b>e</b> Loa	ans or loan guarantees by other organization(s)			No
<b>f</b> Sale	le of assets to other organization(s)	+	+	No
	rchase of assets from other organization(s)			No
_	change of assets  1h	4		No
	se of facilities, equipment, or other assets to other organization(s)			No
	1;		_	No
-	rformance of services or membership or fundraising solicitations for other organization(s)			No
	The final feet of services of membership of fandraising solutions for other organization(s)		es	
	ormanice of services of membership of fundations by other organization(s)	<u> </u>	es	No
	army or identities, equipment, maining inses, or other dissets			140
<b>n</b> Sha	aring of paid employees  1n	+	es	
o Rei	Imbursement paid to other organization for expenses			No
<b>p</b> Rei	Imbursement paid by other organization for expenses	Y	es	
<b>q</b> Oth	her transfer of cash or property to other organization(s)	1	$\dashv$	No
r Oth	ner transfer of cash or property from other organization(s)			No

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	L	674,922
(2)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	N	97,610

		N	97,610
(3)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	Р	357,098
(4)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	С	12,927,846
(5)	AMERICAN COLLEGE OF SURGEONS FOUNDATION	N	540,480

С

398,187

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_					
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	. D / Farms	9907 2008				

Software ID: Software Version:

**EIN:** 36-2192800

Name: AMERICAN COLLEGE OF SURGEONS

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A)  Name of other organization	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> A mount Involved (\$)
(1)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	L	674,922
(2)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	N	97,610
(3)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	Р	357,098
(4)	AMERICAN COLLEGE OF SURGEONS PROF ASSOC	С	12,927,846
(5)	AMERICAN COLLEGE OF SURGEONS FOUNDATION	N	540,480
(6)	AMERICAN COLLEGE OF SURGEONS FOUNDATION	С	398,187