Exempt Organization Business Income Tax Return To reclaims are well or the tax year legisland by the companies of the compani			1						4	ON	MB No 1545-0687
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Secretary of the properties		•		▶Go to www.irs.gov/Fo	rm990T for instruc	tions	and the I	atest informat	ion. [U		
Section Solid So		Check box if address changed Exempt under segion Name of organization (Check box if name changed and see instructions) ASSOCIATION OF MILITARY SURGEONS OF (Employees' trust, see instructions)									
Case Son value of all assets Son value of all assets For one present present proteins Son value of all assets For one present pres	1	_ /	1						d 53_00	2021	55
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3 , 213 , 423 G Check organization type ▶ Xt 501(c) corporation			F G		instructions)						
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "ves," enter the name and identifying number of the parent corporation Telephone number ▶ 301-897-8800 I Telephone number ▶ 301-897-8800		•				ation		501(c) trust	401(a) trust		Other trust
The books are in care of ▶ JORN CHO Telephone number ▶ 301-897-8800	H (Describe the organizati	on's prii	mary unrelated business activ	vity						
Part 1 Unrelated Trade or Business Income (A) income (B) Expenses (C) Nat 1a Gross recepts or sales	I (During the tax year, wa f "Yes," enter the name	is the co e and id	rporation a subsidiary in an a entifying number of the paren	affiliated group or a nt corporation	a pare	nt-subsi	diary controlle	ed group?	•	Yes X No
Part 1 Unrelated Trade or Business Income (A) income (B) Expenses (C) Nat 1a Gross recepts or sales		The books are in care (of D	OHN CHO				Tele	ephone number	301	-897-8800
1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line ?) 3 Gross profit Subtract line 2 from line 1 c 4 Captal gain net income (fatch Schedule D) 4 Subtract line 2 from line 1 c 5 January (1997) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annulles, royalles, and rents from controlled organizations (Schedule F) 9 Investment income of a section 501(c)(?), (9), or (17) organizations (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Adventising income (Schedule I) 12 Other income (Schedule I) 13 Total. Combine lines 3 through 12 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 18 Repairs and maintenance 19 Expectation (attach Form 4562) 20 Less depreciation claimed on Schedule I) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule I) 23 Excess exempt expenses (Schedule I) 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Depreciation (attach Form 4562) 29 Less depreciation claimed on Schedule A and elsewhere on selections 29 Total deductions. Add lines 14 through 28 30 Unglisted business taxable income before net operating loss deduction Subtract line 29 from line 3 30 Linguisted business taxable income before specific deduction Subtract line 31 from line 30 30 Linguisted business taxable income before specific deduction Subtract line 31 from line 30 30 Linguisted business taxable income before specific deduction Subtract line 31 from line 30 30 Linguisted business taxable income before specific deduction Subtract line 31 from line 30 40 Unglisted business taxable income before specific deduction Subtract line 31 from line 30 40 Unglist					 9		(A				
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	34						reater th	an line 32,	, v		
		enter the smaller of z	ero or li								-74

Form	990-T (2017) ASSOCIATION OF MILITARY SURGEONS	<u>0153-0029355</u>		Page Z
<u>l Pa</u>	rt III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation. Cor	ntrolled group	. in a large to the term of t	
	members (sections 1561 and 1563) check here ▶ See instructions and		4	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that order)	1,77	
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$	+	
	(2) Additional 3% tax (not more than \$100,000)	\$		
С	Income tax on the amount on line 34		▶ 35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	1		
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1	041)	▶ 36	
37	Proxy tax. See instructions		▶ 37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See instructions		39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	
	rt IVI Tax and Payments	· · · · · · · · · · · · · · · · · · ·	7.1	
		41'a	e 1	
		41b		
c		41c	72.3	
d		41d		
	Total credits. Add lines 41a through 41d	1	41e	
42	Subtract line 41e from line 40		42	_
43	Other taxes	ch)	43	
44	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Ciner (all 50 Total tax. Add lines 42 and 43	··· ,	44	0
45a		45a		
b	· · · · · · · · · · · · · · · · · · ·	45b	一 /5.	
C		45c	─ .	
d		45d		
e		45e	┤ , ┤	
f		45f	⊣ , ,	
	Other credits and payments. Form 2439	11	<u> </u>	
g		1\ 45g		
46	Total payments. Add lines 45a through 45g	43	46	
4 0 47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•	1 147	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	▶ 148	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount over	rnaid	▶ 149	
50	Enter the amount of line 49 you want Credited to 2018 estimated tax	Refunded	. 41	
	rt V 1 Statements Regarding Certain Activities and Other Infor			
51	At any time during the 2017 calendar year, did the organization have an interest in or		١ .	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If YES, the			7 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the	•		الناب ا
	here ▶	· ·	•	X
52	During the tax year, did the organization receive a distribution from, or was it the grain	ntor of, or transferor to, a	foreign trus	
	If YES, see instructions for other forms the organization may have to file		J	
53	Enter the amount of tax-exempt interest received or accrued during the tax year			
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my knowle	edge and belief,	ıt ıs
Sig	true, cover, and complete Declaration of preparer (other than taxpayer) is based on all information of which prep	parer has any knowledge		May the IRS discuss this returning with the preparer shown below (see instructions)?
Her	n M. Ch. Fl 26 20 EXECUTIVE DI	TRECTOR		
	Signature of officer Date Title			X Yes No
	Print Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid	CLINT LEHMAN, CPA CLINT LEHMAN, CPA	02/22	/19 self-emp	ployed P00840525
	arer Firm's name DELEON & STANG, CPAS AND ADVIS		Firm's EIN	52-1373858
•	Only 100 LAKEFOREST BLVD STE 650			
	Firm's address GAITHERSBURG, MD 20877-2609		Phone no	301-948-9825
				Form 990-T (2017)

	n 990-T (2017) ASSOC							<u>029355</u>			Page 3	
<u>Sch</u>	edule A - Cost of G	oods Sold. Ent	er met	<u>thod of ir</u>	nver	ntory valuation ▶					_	
1	Inventory at beginning of	year 1				Inventory at end of	•].	6			
2	Purchases	2			7 Cost of goods sold. Subtract							
3	Cost of labor	3				line 6 from line 5 E	nter her	re and	·			
4a	Additional sec 263A costs				ın Part I, line 2							
	(attach schedule)	4a			8 Do the rules of section 263A (with respect to						Yes No	
b	Other costs	4b				property produced of	or acqui	red for resale) apply				
5	(attach schedule) Total. Add lines 1 through	14b 5				to the organization?	•					
Sch	edule C – Rent Inco	me (From Rea	Prop	erty and	l Pe	rsonal Property	/ Leas	ed With Real P	rope	rty)	•	
	ee instructions)			•		,			•	• •		
	cription of property	-										
(1)	N/A											
(2)											<u> </u>	
(3)												
(4)	· ··									-		
(-)	" , - ,	2 Rent receiv	ed or accr	ned				<u> </u>				
	(-) C				al and	nomenal property (if the	·	3(a) Doductions du	ractly co	anected with the	income	
	(a) From personal property (if the p for personal property is more th	-	,			personal property (if the r personal property exceed:	s		directly connected with the income 2(a) and 2(b) (attach schedule)			
	more than 50%)		•	•		based on profit or income)		(=, ===================================			,	
(4)	<u> </u>					-						
		-										
(3)			_									
(4) Total			Total									
						_		(b) Total deduction				
(C) I	otal income. Add totals of and on page 1, Part I, line	6 columns 2(a) and .	2(D) EN	ter		_		Enter here and on pa Part I, line 6, column				
	edule E – Unrelated		d Inco	ma (coo	inetr	ructions)		T dit i, inic o, coldini	(0) -			
<u> 301</u>	iedule E - Officialed	Debt-i illance	a ilico		111311	uctions)		2. Dodustinas dispathi sa		with as allegable		
				2 (Gross	income from or	3 Deductions directly connected with or allocable to debt-financed property				10	
	 Description of debt-fi 	nanced property		alio		to debt-financed	4.10		T	(b) Other deductions		
				property			(a) S	traight line depreciation (attach schedule)		(attach schedule)		
	37 / 3							(21,221, 221,24	 	12.1.20.1.20.1.2		
(1)	N/A								 			
(2)												
(3)	····								+			
(4)									+	· · · · · · · · · · · · · · · · · · ·		
	4 Amount of average acquisition debt on or	5 Average adjusted of or allocable to				Column	7 G	ross income reportable	١ ,	8 Allocable ded olumn 6 x total o		
	allocable to debt-financed	debt-financed prop				divided column 5	(c	olumn 2 x column 6)	"	3(a) and 3(
	property (attach schedule)	(attach schedule	:)						+		" —	
(1)						<u>%</u>			+			
(2)		··						• • •	-			
<u>(3)</u>				<u> </u>		%			4			
(4)				<u> </u>		%		<u></u>	-			
								here and on page 1,		er here and		
							Part	, line 7, column (A)	Par	t I, line 7, co	iumn (B).	
Tota	ls					▶ [1_			
Tota	I dividends-received ded	uctions included in	column	n 8				<u> </u>	1			

Form 990-T (2017) ASSOCIA	ATION OF	MILITA	RY ST	JRGEONS	OE	53-0	0293	55		Page 4	
Schedule F - Interest, Ann	nuities, Roya	alties, and R		rom Cont pt Controlle				ons (see in	structio	ns)	
Name of controlled organization		2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 the included in the control organization's gross inc		ing connected with income	
(1) N/A											
(2)											
(3)											
(4)									_		
Nonexempt Controlled Organiz	ations					1					
7. Taxable Income		8 Net unrelated income (loss) (see instructions)		9. Total of specific payments made	de includ		Part of column 9 that is cluded in the controlling anization's gross income			11 Deductions directly connected with income in column 10	
(1)						1				<u> </u>	
(2)						4					
(3)						1					
(4)						+-,	Add columns	5 and 10	hA	d columns 6 and 11	
Totals					•	En		d on page 1,	Ente	t I, line 8, column (B)	
Schedule G - Investment	Income of a	Section 501	(c)(7),	(9), or (17) Org	janiza	ition (s	ee instructio	ons)		
1 Description of income		2 Amount of i	ncome	directly	ductions connecte schedule	ed	1	Set-asides tach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A						_				-	
(2)											
(3)											
(4)				<u> </u>							
Totals	•	Enter here and o Part I, line 9, co							Ent Pa	er here and on page 1, rt I, line 9, column (B)	
Schedule I - Exploited Exc	empt Activit	y Income, O	ther T	han Adver	rtisin	g Inco	ome (se	e instructio	ns)		
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Exper	nses ly d with on of ed	4 Net income (from unrelated or business (co 2 minus columi If a gain, comp cols 5 through	loss) trade lumn n 3) oute	5 Grom	oss income activity that it unrelated ess income	6 Exp attribut colur	enses able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A		-			 						
(2)											
(3)											
(4)											
Enter here and o page 1, Part I, line 10, col (A) Totals		, page 1, Part I,						Enter here and on page 1, Part II, line 26			
Schedule J - Advertising	ncome (see	instructions)									
Part Ist Income From I			ı a Coı	nsolidated	Bas	is					
1. Name of periodical	2 Gross advertising income	3 Dire advertising		4 Advertising ain or (loss) (2 minus col 3 a gain, compicols 5 through	(col i) If ute		Circulation ncome	6 Read	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) MILITARY MEDICINE	15,5	00 2	2,648	P. 10 10 10 10 10 10 10 10 10 10 10 10 10	17257		523,5	93 55	8,15	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(2)				是是是国	14. A						
(3)											
(4)										下る(変が)、口称(気)	
Totals (carry to Part II, line (5))	15,5	500 2	2,648	12,	852	. !	523,5	93 55	8,15	12,852	

Totals, Part II (lines 1-5)

Form 990-T (2017) ASSOCIATION OF MILITARY SURGEONS OE53-0029355 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

page 1, Part I,

line 11, co! (B)

2,648

page 1, Part I,

line 11, col (A)

15,500

2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 5. Circulation 6 Readership 3 Direct advertising 1. Name of periodical 2 minus col 3) If minus column 5, but ıncome costs advertising costs ıncome a gain, compute not more than cols 5 through 7 column 4) 0 0 0 0 • (1) (2) (3) (4) 15,500 2,648 12,852 Totals from Part I \blacktriangleright Enter here and on Enter here and on Enter here and

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)										
1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business							
(1) N/A		%								
(2)		%								
(3)		%								
(4)	-	%								
Total. Enter here and on page 1, Part II, line 14										

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on page 1,

Part II, line 27 12,852

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