

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMERICAN COLLEGE OF RADIOLOGY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1891 PRESTON WHITE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
RESTON, VA 20191

F Name and address of principal officer:
WILLIAM T THORWARTH MD
1891 PRESTON WHITE DRIVE
RESTON, VA 20191

D Employer identification number
36-2261602

E Telephone number
(703) 648-8900

G Gross receipts \$ 138,538,448

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ACR.ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

L Year of formation: 1924 **M** State of legal domicile: CA

K Form of organization: Corporation Trust Association Other ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE COLLEGE IS ORGANIZED TO ADVANCE THE SCIENCE OF RADIOLOGY, IMPROVE THE QUALITY OF PATIENT CARE, POSITIVELY INFLUENCE THE SOCIOECONOMICS OF THE PRACTICE OF RADIOLOGY, PROVIDE CONTINUING EDUCATION FOR RADIOLOGY AND ALLIED HEALTH PROFESSIONALS, AND CONDUCT RESEARCH FOR THE FUTURE OF RADIOLOGY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	30
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	517
6 Total number of volunteers (estimate if necessary)	1,861
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,855,801
7b Net unrelated business taxable income from Form 990-T, line 39	1,531,675

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	26,933,265	23,532,795
9 Program service revenue (Part VIII, line 2g)	77,239,858	78,572,007
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,778,545	6,313,435
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	692,150	791,163
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,643,818	109,209,400

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,701,326	916,432
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,210,532	57,945,597
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,032,957	44,345,332
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	103,944,815	103,207,361
19 Revenue less expenses. Subtract line 18 from line 12	4,699,003	6,002,039

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	210,754,944	227,021,432
21 Total liabilities (Part X, line 26)	77,703,035	92,152,294
22 Net assets or fund balances. Subtract line 21 from line 20	133,051,909	134,869,138

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *****
Date: 2021-02-01
DIANE C MULLIS CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-02-01
Check if self-employed PTIN: P00928918
Firm's name: RSM US LLP Firm's EIN: 42-0714325
Firm's address: 100 INTERNATIONAL DRIVE SUITE 1400 Phone no. (410) 246-9301
BALTIMORE, MD 21202

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE COLLEGE IS ORGANIZED TO ADVANCE THE SCIENCE OF RADIOLOGY, IMPROVE THE QUALITY OF PATIENT CARE, POSITIVELY INFLUENCE THE SOCIOECONOMICS OF THE PRACTICE OF RADIOLOGY, PROVIDE CONTINUING EDUCATION FOR RADIOLOGY AND ALLIED HEALTH PROFESSIONALS, AND CONDUCT RESEARCH FOR THE FUTURE OF RADIOLOGY.

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.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 24,900,033 including grants of \$ 566,225) (Revenue \$ 7,922,318)
See Additional Data

4b (Code:) (Expenses \$ 24,823,297 including grants of \$ 43,600) (Revenue \$ 60,320,548)
See Additional Data

4c (Code:) (Expenses \$ 5,914,388 including grants of \$ 38,588) (Revenue \$ 6,225,043)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 10,703,109 including grants of \$ 268,019) (Revenue \$ 4,104,098)

4e Total program service expenses ▶ 66,340,827

Part IV Checklist of Required 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16 with corresponding answer boxes and columns for Yes/No.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DIANE C MULLIS 1891 PRESTON WHITE DRIVE RESTON, VA 20191 (703) 648-8900

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							5,931,048	0	587,445	

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		5,931,048	587,445

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 151

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MWEBWARECOM 10110 SUTHERLAND ROAD SILVER SPRING, MD 20901	SOFTWARE CONSULTING	2,248,158
CORE PARTNERS INC 6 W 3RD STREET FREDERICK, MD 21701	SOFTWARE CONSULTING	1,236,631
SANDHIR MANAGEMENT CONSULTANTS LLC 1712 LONDON HILL ROAD VIENNA, VA 22182	MANAGEMENT CONSULTING	1,116,025
ELSEVIER INC PO BOX 9546 NEW YORK, NY 100874546	JOURNAL PUBLISHING	880,134
IWORKS CORPORATION 1889 PRESTON WHITE DR RESTON, VA 20191	IT CONSULTING	729,516

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 54

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f for Program Service Revenue with Business Code (QUALITY & SAFETY, CLINICAL RESEARCH, EDUCATION, SOCIETY ADMINISTRATION, MEMBER & CHAPTER SVCS).

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for Other Revenue (Investment income, royalties, rental income, sales of assets, fundraising events, gaming activities, sales of inventory, and miscellaneous revenue).

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	916,432	916,432		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,313,003	763,050	3,549,953	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	42,371,221	26,374,157	15,997,064	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,584,606	2,231,254	1,353,352	
9 Other employee benefits	4,562,738	2,780,863	1,781,875	
10 Payroll taxes	3,114,029	1,829,281	1,284,748	
11 Fees for services (non-employees):				
a Management				
b Legal	519,696	21,059	498,637	
c Accounting	345,857		345,857	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	94,760		94,760	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,409,820	14,331,199	1,078,621	
12 Advertising and promotion	316,088	223,085	93,003	
13 Office expenses	2,230,106	1,059,409	1,170,697	
14 Information technology	7,275,546	1,383,903	5,891,643	
15 Royalties				
16 Occupancy	1,540,561	26,545	1,514,016	
17 Travel	2,307,261	1,443,966	863,295	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,740,646	935,086	805,560	
20 Interest	150,427		150,427	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,967,869	3,175,588	3,792,281	
23 Insurance	398,567		398,567	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSORTIUM COSTS	7,485,188	7,484,288	900	
b UNRELATED BUSINESS INCO	414,022	410,094	3,928	
c INNOVATION AWARDS	90,000	90,000		
d REIMBURSED OVERHEAD	-4,534,616		-4,534,616	
e All other expenses	1,593,534	861,568	731,966	
25 Total functional expenses. Add lines 1 through 24e	103,207,361	66,340,827	36,866,534	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	954	1	954
	2 Savings and temporary cash investments	12,826,464	2	10,695,670
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,463,657	4	11,401,086
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,714,543	9	2,511,674
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 116,614,767		
	b Less: accumulated depreciation	10b 78,699,287	35,063,943	10c 37,915,480
	11 Investments—publicly traded securities	29,418,959	11	30,735,936
	12 Investments—other securities. See Part IV, line 11	119,446,151	12	133,316,427
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,820,273	15	444,205
16 Total assets. Add lines 1 through 15 (must equal line 34)	210,754,944	16	227,021,432	
Liabilities	17 Accounts payable and accrued expenses	14,042,535	17	16,270,983
	18 Grants payable	806,097	18	559,527
	19 Deferred revenue	31,893,687	19	37,478,228
	20 Tax-exempt bond liabilities	12,947,350	20	11,715,964
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,200,636	23	8,462,679
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	14,812,730	25	17,664,913
	26 Total liabilities. Add lines 17 through 25	77,703,035	26	92,152,294
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	133,051,909	27	134,869,138
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	133,051,909	32	134,869,138	
33 Total liabilities and net assets/fund balances	210,754,944	33	227,021,432	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,209,400
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,207,361
3	Revenue less expenses. Subtract line 2 from line 1	3	6,002,039
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,051,909
5	Net unrealized gains (losses) on investments	5	-4,222,118
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	37,308
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	134,869,138

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-2261602

Name: AMERICAN COLLEGE OF RADIOLOGY

Form 990 (2019)

Form 990, Part III, Line 4a:

RESEARCH - THE COLLEGE PROVIDES CLINICAL RESEARCH SUPPORT IN THE AREAS OF IMAGING, RADIATION ONCOLOGY, AND QUALITY ASSURANCE FOR BOTH GOVERNMENT AND PRIVATE FUNDERS. IT IS ESTIMATED THAT THE FOLLOWING NUMBERS OF PATIENTS HAVE BENEFITED OVER THE LAST THREE YEARS FROM CANCER RESEARCH TRIALS CONDUCTED BY ACR:IDEAS - IMAGING DEMENTIAEVIDENCE FOR AMYLOID SCANNING (IDEAS) STUDY - 18,560 PATIENTSNRG/RTOG FOUNDATION - RADIATION THERAPY ONCOLOGY GROUP - 1,500 PER YEAR ON AVERAGEECOG-ACRIN-/ACR IMAGING NETWORK - 10,000 PER YEAR ON AVERAGECURE - PENNSYLVANIA TOBACCO FUNDS - 1000 PER YEAR ON AVERAGETHE ACR ALSO CONDUCTS RESEARCH TO SUPPORT EVIDENCE-BASED IMAGING POLICY TO IMPROVE PATIENT CARE AND BOLSTER EFFICIENT, EFFECTIVE USE OF HEALTH CARE RESOURCES.

Form 990, Part III, Line 4b:

QUALITY AND SAFETY - THE COLLEGE DISSEMINATES AND MONITORS PRACTICE PARAMETERS AND TECHNICAL STANDARDS AND APPROPRIATENESS CRITERIA FOR RADIOLOGY, DEVELOPS AND MAINTAINS ACCREDITATION PROGRAMS, PERFORMANCE MEASURES AND REGISTRIES TO PROMOTE QUALITY HEALTHCARE IN DIAGNOSTIC IMAGING AND RADIATION ONCOLOGY. ACCREDITATION CERTIFICATION OF EQUIPMENT IN 10 DIFFERENT AREAS OF FOCUS (MODALITIES). SERVING APPROX 40K ACTIVE FACILITIES WITH 52K ACCREDITED EQUIPMENT UNITS. 4,900 FACILITIES ACTIVELY PARTICIPATING IN DATA REGISTRIES.

Form 990, Part III, Line 4c:

EDUCATION - THE COLLEGE PROVIDES A BROAD PORTFOLIO OF MEDICAL EDUCATION ACTIVITIES FOR RADIOLOGISTS, RADIATION ONCOLOGISTS, MEDICAL PHYSICISTS, INTERVENTIONAL RADIOLOGISTS, NUCLEAR MEDICINE PHYSICIANS, RESIDENTS IN TRAINING, AND MEDICAL STUDENTS TO POSITION THEM AT THE FOREFRONT OF PATIENT CARE, ADDRESS PROFESSIONAL PRACTICE GAPS, MAINTAIN CERTIFICATION AND FULFILL REQUIREMENTS FOR ONGOING PHYSICIAN PRACTICE EVALUATION. EDUCATION CENTER ATTENDANCE IN 2019 OF 1,700 RADIOLOGISTS ACROSS 17 DIFFERENT SPECIALIZED COURSES. DIAGNOSTIC AND THERAPEUTIC TRAINING EXAMS OFFERED ANNUALLY. CONTINUING MEDICAL EDUCATION OFFERINGS INCLUDE ONLINE COURSES AND PRODUCTS. 4,000 ENROLLED IN RADIOLOGY LEADERSHIP INSTITUTE, SUPPORTING RADIOLOGISTS IN EARLY STAGES OF THEIR CAREERS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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.

(Code:) (Expenses \$ 5,277,096 including grants of \$) (Revenue \$ 1,790,244)

MEMBER AND CHAPTER SERVICES - SERVING 41K MEMBERS CONSISTING OF 25K PHYSICIANS, 10K MEMBERS IN TRAINING AND 6K RETIREES. SUPPORTING 54 STATE & LOCAL CHAPTERS.

(Code:) (Expenses \$ 1,932,020 including grants of \$) (Revenue \$ 2,029,346)

SOCIETY ADMINISTRATION - ASSOCIATION MANAGEMENT SERVICES PROVIDED TO 7 SPECIALTY SOCIETIES.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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.

(Code:) (Expenses \$ 1,405,618 including grants of \$ 76,000) (Revenue \$)
COMMISSIONS AND COMMITTEES - 22 COMMISSIONS, 175 COMMITTEES (OF WHICH 9 ARE STANDING COMMITTEES ESTABLISHED PER THE BYLAWS), 39 SUBCOMMITTEES AND 10 TASK FORCES.

(Code:) (Expenses \$ 1,795,171 including grants of \$ 15,000) (Revenue \$)
ACR DATA SCIENCE INSTITUTE - THE COLLEGE ESTABLISHED THE ACR DATA SCIENCE INSTITUTE TO COLLABORATE WITH RADIOLOGY PROFESSIONALS, INDUSTRY LEADERS, GOVERNMENT AGENCIES, PATIENTS, AND OTHER STAKEHOLDERS TO FACILITATE THE DEVELOPMENT AND IMPLEMENTATION OF ARTIFICIAL INTELLIGENCE APPLICATIONS THAT WILL HELP RADIOLOGY PROFESSIONALS PROVIDE IMPROVED MEDICAL CARE.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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.

(Code:) (Expenses \$ 125,384 including grants of \$ 110,000) (Revenue \$)
INNOVATION AWARDS - THE COLLEGE AWARDS GRANTS TO FUND UNIQUE AND DISTINCTIVE IDEAS THAT ALIGN WITH THE COLLEGE'S STRATEGIC GOALS AND OBJECTIVES.

(Code:) (Expenses \$ 167,820 including grants of \$ 67,019) (Revenue \$ 284,508)
OTHER PROGRAM SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERALDINE B MCGINTY MD MBA CHAIR (THRU 05/2020); PRESIDENT	11.50 12.50	X		X				6,097	0	0
HOWARD B FLEISHON MD VICE CHAIR (THRU 05/2020); CHAIR	4.00 4.50	X		X				17,816	0	0
DEBRA L MONTICCIOLO MD PRESIDENT (THRU 05/2020)	3.00 4.00	X		X				15,036	0	0
KATARZYNA J MACURA MD VICE PRESIDENT (THRU 05/2020)	3.00 4.00	X		X				9,675	0	0
JAMES V RAWSON MD SECRETARY-TREASURER	2.00 4.50	X		X				0	0	0
RICHARD DUSZAK JR MD COUNCIL SPEAKER	14.00 4.00	X		X				98,653	0	0
AMY L KOTSENAS MD COUNCIL VICE SPEAKER	3.00 4.00	X		X				0	0	0
RICHARD A BARTH CHANCELLOR	4.00 0.30	X		X				0	0	0
JACQUELINE A BELLO MD CHANCELLOR (THRU 05/2020); VICE CHAIR	3.00 0.30	X		X				0	0	0
CLAIRE E BENDER MD CHANCELLOR (THRU 05/2020)	2.00 0.30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINCOLN L BERLAND MD CHANCELLOR (THRU 05/2020)	2.00 0.30	X						0	0	0
BEVERLY COLEMAN MD CHANCELLOR (THRU 05/2020)	2.00 0.30	X						0	0	0
LORI ANN DEITTE MD CHANCELLOR	2.00 0.80	X						0	0	0
KEITH J DREYER DO CHANCELLOR (THRU 05/2020)	2.00 0.30	X						0	0	0
LAUREN P GOLDING MD CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0
C MATTHEW HAWKINS MD CHANCELLOR (THRU 05/2020)	2.00 0.30	X						6,137	0	0
WILLIAM T HERRINGTON MD CHANCELLOR	2.00 0.30	X						0	0	0
JOHN E JORDAN MD CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0
ANDRE A KONSKI MD CHANCELLOR	2.00 0.30	X						0	0	0
ARUN KRISHNARAJ MD MPH CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN B KRUSKAL MD CHANCELLOR	2.00 0.30	X						0	0	0
DAVID B LARSON MD MBA CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0
FRANK J LEXA MD MBA CHANCELLOR	2.00 0.30	X						2,750	0	0
JOHNSON BENJAMIN LIGHTFOOTE MD CHANCELLOR	2.00 0.30	X						0	0	0
MAHADEVAPPA MAHESH MD PHD CHANCELLOR	8.50 0.30	X						69,311	0	0
MARY C MAHONEY MD CHANCELLOR	2.00 0.30	X						0	0	0
ALAN H MATSUMOTO MD CHANCELLOR	2.00 0.30	X						0	0	0
ANDREW K MORIARITY MD CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0
GREGORY N NICOLA MD CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0
ALEXANDER M NORBASH MD CHANCELLOR (THRU 05/2020; VICE PRESIDENT)	2.00 0.30	X		X				1,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT S PYATT JR MD CHANCELLOR	2.00 0.30	X						986	0	0
ANDREW B ROSENKRANTZ MD CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0
ERIC M RUBIN MD CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0
EZEQUIEL SILVA III MD CHANCELLOR (THRU 05/2020)	2.00 0.30	X						0	0	0
WILLIAM SMALL JR MD CHANCELLOR	2.00 0.30	X						0	0	0
DANA H SMETHERMAN MD CHANCELLOR	2.00 0.30	X						5,475	0	0
GILLES SOULEZ MD CHANCELLOR	2.00 0.30	X						0	0	0
RICHARD STRAX MD CHANCELLOR	2.00 0.30	X						0	0	0
TIMOTHY L SWAN MD CHANCELLOR	2.00 0.30	X						0	0	0
CHRISTOPH WALD MD MBA PHD CHANCELLOR (AS OF 05/2020)	2.00 0.30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA K WOODARD MD CHANCELLOR	2.00 0.30	X						0	0	0
DON CHAN YOO MD CHANCELLOR	9.00 0.30	X						38,640	0	0
WILLIAM T THORWARTH MD CEO	36.00 1.50			X				1,222,931	0	52,763
DIANE MULLIS CFO	32.75 4.75			X				447,225	0	57,755
KENNETH KOROTKY EVP-OPS/LIFE LONG LEARNING	33.50 4.00				X			510,839	0	48,781
MICHAEL TILKIN CIO	37.50				X			463,228	0	32,024
WILLIAM SHIELDS GENERAL COUNSEL/EVP - MG&M	33.50 4.00				X			515,640	0	42,150
MYTHREYI CHATFIELD EVP - QUALITY & SAFETY	37.50				X			376,197	0	53,971
CHARLES APGAR EVP - CLINICAL RESEARCH	37.50				X			324,709	0	50,064
ETTA PISANO MD CHIEF RESEARCH OFFICER	37.50				X			509,083	0	50,139

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRACE HAINES VP-PUBS & LIFELONG LEARNING	37.50					X		273,626	0	43,892
HANG MULHARE VP-HUMAN RESOURCES	37.50					X		265,351	0	27,809
PAMELA MECHLER SR DIR-STRAT PLAN & BUS EXC	37.50					X		243,266	0	43,489
DURGA GANDI VP-IT OPERATIONS	37.50					X		268,442	0	44,538
THOMAS HOFFMAN VP-LEGAL	37.50					X		238,935	0	40,070

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RADIOLOGY

Employer identification number
36-2261602

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts 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 from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,587,762	30,324,066	30,232,888	26,933,265	23,532,795	144,610,776
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59,300,590	75,042,743	73,802,477	75,543,642	76,804,910	360,494,362
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 through 5	92,888,352	105,366,809	104,035,365	102,476,907	100,337,705	505,105,138
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						505,105,138

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	92,888,352	105,366,809	104,035,365	102,476,907	100,337,705	505,105,138
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,659,603	2,611,079	2,575,138	3,473,803	3,817,654	15,137,277
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	410,164	701,724	887,213	1,177,319	1,210,023	4,386,443
c Add lines 10a and 10b.	3,069,767	3,312,803	3,462,351	4,651,122	5,027,677	19,523,720
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 VI.)	126,862	113,770	134,150	269,121	157,804	801,707
13 Total support. (Add lines 9, 10c, 11, and 12.)	96,084,981	108,793,382	107,631,866	107,397,150	105,523,186	525,430,565
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	96.130 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	96.580 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	3.720 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	3.270 %

19a 33 1/3% support tests—2019. 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. ▶

b 33 1/3% support tests—2018. 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. ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2015 AMOUNT: \$ 126,862. 2016 AMOUNT: \$ 113,770. 2017 AMOUNT: \$ 134,150. 2018 AMOUNT: \$ 269,121. 2019 AMOUNT: \$ 157,804.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
AMERICAN COLLEGE OF RADIOLOGY

Employer identification number
36-2261602

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,937,346		1,937,346
b Buildings		21,195,296	8,820,200	12,375,096
c Leasehold improvements		4,631,565	2,873,493	1,758,072
d Equipment		5,533,612	4,515,538	1,018,074
e Other		83,316,948	62,490,056	20,826,892
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				37,915,480

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) 2,727,009 SHARES DFE0X	64,711,921	F
(B) 1,165,534 SHARES VSGDX	12,832,532	F
(C) 362,611 SHARES VEA	14,065,675	F
(D) 198,275 SHARES BND	17,515,649	F
(E) 304,591 SHARES VWO	12,064,866	F
(F) 1,177,261 SHARES DFIHX	12,125,784	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	133,316,427	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	17,664,913

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2261602

Name: AMERICAN COLLEGE OF RADIOLOGY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, THE COLLEGE HAS DOCUMENTAED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE COLLEGE IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2017 FORWARD.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RADIOLOGY

Employer identification number
36-2261602

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			62,102
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			62,102

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 36-2261602

Name: AMERICAN COLLEGE OF RADIOLOGY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	INTERNATIONAL RADIOLOGY MEETINGS	19,144
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	INTERNATIONAL RADIOLOGY MEETINGS	39,309

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	EDUCATION PROGRAM REVENUE	
SOUTH AMERICA	0	0	PROGRAM SERVICE	INTERNATIONAL RADIOLOGY MEETINGS	3,649

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN COLLEGE OF RADIOLOGY

Employer identification number

36-2261602

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	SELECTION OF RECIPIENTS FOR GENERAL DONATIONS ARE MADE BY THE CHIEF EXECUTIVE OFFICER. DONATIONS ARE TYPICALLY IN SUPPORT OF RADIOLOGY RELATED ORGANIZATIONS OR MEMORIAL CONTRIBUTIONS. PROPOSALS ARE ACCEPTED FOR INNOVATION AWARD FUNDING DURING OPEN SUBMISSION DATES (TWICE ANNUALLY). PROPOSALS ARE REVIEWED AND APPROVED BY THE INNOVATION FUND REVIEW COMMITTEE. THE MEMBERS OF THE EXECUTIVE COMMITTEE SERVE AS MEMBERS OF THE INNOVATION FUND REVIEW COMMITTEE.

Additional Data

Software ID:
Software Version:
EIN: 36-2261602
Name: AMERICAN COLLEGE OF RADIOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES 10889 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	100,000				INNOVATION GRANT
AMERICAN COLLEGE OF RADIOLOGY FOUNDATION 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-6125578	501(C)(3)	69,975				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU SCHOOL OF MEDICINE 650 FIRST AVENUE 8TH FLOOR NEW YORK, NY 10016	13-5562309	501(C)(3)	60,000				PROGRAM SUPPORT
CONFERENCE OF RADIATION CONTROL PROGRAM 7910 WOODMONT AVE BETHESDA, MD 20814	71-0477153	501(C)(3)	40,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INSTITUTE OF RADIOLOGIC PATHOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	80-0632207	501(C)(3)	35,338				DONATION
MASSACHUSETTES GENERAL HOSPITAL 175 CAMBRIDGE ST SUITE 200 BOSTON, MA 02114	04-2697983	501(C)(3)	34,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MED CTR 330 BROOKLINE AVE BOSTON, MA 00215	04-2103881	501(C)(3)	28,750				DONATION
NATIONAL QUALITY FORUM 1030 FIFTEETH ST NW STE 800 WASHINGTON, DC 20005	52-2175544	501(C)(3)	26,200				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCRP AND MEASUREMENTS 7910 WOODMONT AVE BETHESDA, MD 20814	52-0806696	501(C)(3)	25,000				PROGRAM SUPPORT
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	23,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE NW WASHINGTON, DC 20418	53-0196932	501(C)(3)	15,000				PROGRAM SUPPORT
SOCIETY FOR IMAGING INFORMATICS IN MEDICINE 19440 GOLF VISTA PLAZA NO 330 LEESBURG, VA 20176	23-2480304	501(C)(3)	15,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PCPI FOUNDATION 17W 110 22ND STREET STE 800 OAKBROOK TERRACE, IL 60181	30-0590166	501(C)(3)	14,950				PROGRAM SUPPORT
FOUNDATION FOR THE EHEALTH INITIATIVE 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	52-2303820	501(C)(6)	11,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMISSION ON ACCREDITATION-MEDICAL PHYSICS ONE PHYSICS ELLIPSE COLLEGE PARK, MD 20740	54-1748225	501(C)(3)	10,000				DONATION
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 43205	31-1036372	501(C)(3)	10,000				INNOVATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY TO IMPROVE DIAGNOSIS IN MEDICINE 1501 HINMAN AVE 7B EVANSTON, IL 60201	45-2670824	501(C)(3)	10,000				SPONSORSHIP
SOCIETY FOR PARTICIPATORY MEDICINE PO BOX 393 NUTTING LAKE, AL 01865	27-0482897	501(C)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTL SOCIETY OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	54-1609762	501(C)(3)	9,261				DONATION
EMORY UNIVERSITY 1599 CLIFTON ROAD 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	350,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN COLLEGE OF RADIOLOGY

Employer identification number
36-2261602

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	ECONOMY COACH CLASS IS ENCOURAGED; HOWEVER, FIRST CLASS TRAVEL IS PERMITTED FOR THE CHAIRMAN, VICE CHAIRMAN, PRESIDENT, CHIEF EXECUTIVE OFFICER, AND CHIEF RESEARCH OFFICER UNDER SPECIFIC CIRCUMSTANCES AND FOR FLIGHTS IN EXCESS OF 1,500 MILES. STAFF SPOUSAL TRAVEL IS COVERED FOR THE CHAIRMAN, VICE CHAIRMAN, PRESIDENT, AND CHIEF EXECUTIVE OFFICER. FOR ALL OTHER BOARD MEMBERS AND SENIOR STAFF ATTENDING THE MEETING, ONE SPOUSAL AIRFARE IS COVERED BY THE ORGANIZATION PER YEAR. SPOUSAL TRAVEL IS A TAXABLE BENEFIT INCLUDED IN COMPENSATION REPORTED IN PART II. SPOUSAL TRAVEL FOR THE CHIEF EXECUTIVE OFFICER, THE CHAIR, THE VICE CHAIR AND THE PRESIDENT IS PROVIDED ON A GROSS-UP BASIS TO COVER THE ASSOCIATED TAXES ON THE AMOUNT.
PART I, LINE 4B	CEO, WILLIAM T. THORWARTH PARTICIPATED IN A 457(F) NONQUALIFIED RETIREMENT PLAN. DURING THE TAX YEAR 2019, \$57,742 WAS SET ASIDE AS A CONTRIBUTION TO A SECTION 457(F) ACCOUNT FOR THE CEO. THE FULL BALANCE OF THE SECTION 457(F) PLAN WAS DISTRIBUTED AND THE PLAN WAS TERMINATED.
PART I, LINE 7	ANNUAL DISCRETIONARY BONUSES ARE AWARDED BASED ON EMPLOYEE PERFORMANCE AND CONTRIBUTIONS. DISCRETIONARY BONUSES ARE AUTHORIZED AS FOLLOWS: -THE BOARD COMPENSATION COMMITTEE DETERMINES DISCRETIONARY BONUSES FOR THE CEO -THE CEO DETERMINES BONUS AMOUNTS FOR THE EXECUTIVE MANAGEMENT TEAM, AND -HR IN CONJUNCTION WITH EACH EXECUTIVE VICE PRESIDENT, AUTHORIZE BONUSES FOR THEIR RESPECTIVE DEPARTMENT STAFF.
PART I, LINE 3:	ACR DETERMINES THE COMPENSATION OF CERTAIN SENIOR MANAGEMENT POSITIONS, INCLUDING THE CEO, CFO, AND OTHER KEY EMPLOYEES SUBJECT TO REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF CHANCELLORS. UNDER THE COMPENSATION POLICY, THERE ARE REQUIREMENTS ESTABLISHED FOR DECISION MAKER IMPARTIALITY, REVIEW OF COMPARABILITY DATA, AND DOCUMENTED SUBSTANTIATION OF DECISIONS. THIS PROCESS WAS LAST UNDERTAKEN FOR EACH SUCH PERSON IN 2020.
PART II:	DR. RICHARD DUSZAK JR, MD IS COMPENSATED FOR HIS SERVICES FOR THE NEIMAN HEALTH POLICY INSTITUTE. THE PAYMENT FOR THIS SERVICE IS INCLUDED IN FORM 990, PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN BI. IT IS MADE DIRECTLY TO EMORY UNIVERSITY, AN UNRELATED ORGANIZATION. FOR IRS MATCHING PURPOSES, THIS PAYMENT IS INCLUDED IN THE FORM W-2 ISSUED TO HIM BY EMORY UNIVERSITY.

Additional Data

Software ID:
Software Version:
EIN: 36-2261602
Name: AMERICAN COLLEGE OF RADIOLOGY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD DUSZAK JR MD COUNCIL SPEAKER	(i)	98,653	0	0	0	0	98,653	0
	(ii)	0	0	0	0	0	0	0
1 WILLIAM T THORWARTH MD CEO	(i)	812,904	74,131	335,896	28,000	24,763	1,275,694	182,084
	(ii)	0	0	0	0	0	0	0
2 DIANE MULLIS CFO	(i)	388,978	40,000	18,247	28,000	29,755	504,980	0
	(ii)	0	0	0	0	0	0	0
3 KENNETH KOROTKY EVP-OPS/LIFE LONG LEARNING	(i)	444,612	40,000	26,227	28,000	20,781	559,620	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL TILKIN CIO	(i)	403,330	40,000	19,898	28,000	4,024	495,252	0
	(ii)	0	0	0	0	0	0	0
5 WILLIAM SHIELDS GENERAL COUNSEL/EVP - MG&M	(i)	444,676	40,000	30,964	28,000	14,150	557,790	0
	(ii)	0	0	0	0	0	0	0
6 MYTHREYI CHATFIELD EVP - QUALITY & SAFETY	(i)	325,169	40,000	11,028	28,000	25,971	430,168	0
	(ii)	0	0	0	0	0	0	0
7 CHARLES APGAR EVP - CLINICAL RESEARCH	(i)	290,987	25,000	8,722	28,000	22,064	374,773	0
	(ii)	0	0	0	0	0	0	0
8 BETTA PISANO MD CHIEF RESEARCH OFFICER	(i)	458,114	25,000	25,969	28,000	22,139	559,222	0
	(ii)	0	0	0	0	0	0	0
9 GRACE HAINES VP-PUBS & LIFELONG LEARNING	(i)	262,735	6,000	4,891	27,516	16,376	317,518	0
	(ii)	0	0	0	0	0	0	0
10 HANG MULHARE VP-HUMAN RESOURCES	(i)	255,355	6,000	3,996	26,256	1,553	293,160	0
	(ii)	0	0	0	0	0	0	0
11 PAMELA MECHLER SR DIR-STRAT PLAN & BUS EXC	(i)	234,734	6,000	2,532	24,651	18,838	286,755	0
	(ii)	0	0	0	0	0	0	0
12 DURGA GANDI VP-IT OPERATIONS	(i)	257,596	10,000	846	27,846	16,692	312,980	0
	(ii)	0	0	0	0	0	0	0
13 THOMAS HOFFMAN VP-LEGAL	(i)	231,961	4,859	2,115	24,714	15,356	279,005	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN COLLEGE OF RADIOLOGY

Employer identification number

36-2261602

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A FAIRFAX COUNTY ECONOMIC DEVELOPMENT AUTHORITY	54-0787833		12-29-2011	16,000,000	BUILDING RENOVATION/PURCHASE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,777,772			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	16,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	16,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6 Total of lines 4 and 5		0 %						
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

AMERICAN COLLEGE OF RADIOLOGY

Employer identification number

36-2261602

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS AUTHORIZED TO CARRY ON THE BUSINESS OF THE COLLEGE BETWEEN REGULAR MEETINGS OF THE BOARD OF CHANCELLORS (BOC) AND REPORT BACK ON ITS ACTIVITIES AT EACH REGULAR MEETING OF THE BOC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS CONSIST OF MEDICAL PROFESSIONALS IN THE FIELD OF RADIOLOGY. MEMBERSHIP IN THIS ORGANIZATION SHALL BE OF TWELVE (12) CLASSES: (1) MEMBER, (2) ASSOCIATE MEMBER, (3) FELLOW, (4) MEMBER IN TRAINING, (5) ALLIED HEALTH, (6) HONORARY FELLOW, (7) INTERNATIONAL MEMBER, (8) INTERNATIONAL MEMBER IN TRAINING, (9) FELLOW EMERITUS, (10) RETIRED MEMBER AND FELLOW, (11) CHAPTER INACTIVE MEMBER AND FELLOW, AND (12) ELECTRONIC ACCESS INTERNATIONAL MEMBER. THE COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, AGE, NATIONAL ORIGIN, OR SEXUAL ORIENTATION IN GRANTING OR TERMINATING MEMBERSHIP OR IN REGARD TO ANY OF THE BENEFITS OF MEMBERSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF CHANCELLORS IS COMPRISED OF A MAXIMUM OF 15 ELECTED POSITIONS AND 9 APPOINTED POSITIONS. THE COUNCIL NOMINATING COMMITTEE PUTS FORTH THE SLATE OF CANDIDATES FOR ELECTED POSITIONS ON THE BOARD OF CHANCELLORS. THE NOMINATING COMMITTEE CONSISTS OF 9 MEMBERS OF WHOM 6 ARE ELECTED BY THE COUNCIL, 2 MEMBERS APPOINTED BY THE CHAIR OF THE BOARD, AND ONE MEMBER APPOINTED BY THE COUNCIL SPEAKER. ELECTIONS FOR THE SLATE OF CANDIDATES PUT FORTH BY THE NOMINATING COMMITTEE ARE DONE BY BALLOT AT THE ANNUAL MEETING AND DETERMINED BY MAJORITY VOTE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BYLAWS CHANGES AND DUES ASSESSMENTS ARE SUBJECT TO APPROVAL BY THE COUNCIL. THE DUES MAY BE INCREASED UP TO 3% ANNUALLY WITH APPROVAL BY THE BOARD OF CHANCELLORS AND COUNCIL STEERING COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	IN ACCORDANCE WITH THE AUDIT COMMITTEE CHARTER APPROVED BY THE BOARD OF CHANCELLORS, THE 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING WITH THE IRS, AS WELL AS BY THE CHIEF FINANCIAL OFFICER AND CONTROLLER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ACR'S PROCESS FOR MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DEALING WITH POTENTIAL OR ACTUAL CONFLICTS IS GUIDED BY POLICY APPROVED BY THE ACR BOARD OF CHANCELLORS. UNDER THIS POLICY, ALL ACR "INTERESTED PERSONS" MUST COMPLETE A COI QUESTIONNAIRE ANNUALLY AND UPDATE IT AS NECESSARY. INTERESTED PERSONS ARE DEFINED AS ANY OFFICER, CHANCELLOR OR MEMBER OF AN ACR COMMISSION, COMMITTEE OR TASK FORCE, OR PERSONS RESPONSIBLE FOR PUBLIC OR PRIVATE RESEARCH ACTIVITIES RELATED TO ACR, OR ANY OTHER PERSON SERVING IN AN OFFICIAL ACR CAPACITY. MANAGEMENT OF POTENTIAL CONFLICTS OF INTEREST ARE HANDLED BY A TWO-TIERED REVIEW PANEL PROCESS. ALL AFFIRMATIVE DISCLOSURES ARE REVIEWED BY THE ACR LEGAL AND COMPLIANCE REVIEW PANEL (COMPRISED OF ACR'S VICE PRESIDENT, LEGAL AND CHIEF COMPLIANCE OFFICER) WHO WILL DECIDE WHETHER DISCLOSURES REQUIRE: 1) NO FURTHER ACTION, 2) IMPLEMENTATION OF A COI MANAGEMENT PLAN, 3) DISQUALIFICATION FROM CERTAIN ACR ACTIVITIES, OR 4) REFERRAL TO AN ACR MEMBER-BASED SUBJECT MATTER EXPERT REVIEW PANEL. INTERESTED PERSONS MAY APPEAL A DECISION MADE BY THE LEGAL AND COMPLIANCE REVIEW PANEL. SUBJECT MATTER EXPERT REVIEW PANEL DECISIONS ARE FINAL.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF CERTAIN SENIOR MANAGEMENT POSITIONS, INCLUDING THE CEO, CFO AND OTHER KEY EMPLOYEES ARE SUBJECT TO REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF CHANCELLORS. UNDER THE COMPENSATION POLICY, THERE ARE REQUIREMENTS ESTABLISHED FOR DECISION MAKER IMPARTIALITY, REVIEW OF COMPARABILITY DATA, AND DOCUMENTED SUBSTANTIATION DECISIONS. THIS PROCESS WAS LAST UNDERTAKEN FOR EACH SUCH PERSON IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A:	COMPENSATION FOR SERVICES PROVIDED BY DR. RICHARD DUSZAK, JR, MD ARE MADE DIRECTLY TO EMORY UNIVERSITY. HOURS REFLECT TIME FOR SERVICES PROVIDED AND AS BOARD MEMBER. COMPENSATION FOR DON CHAN YOO, MD AND MAHESH MAHADEVAPPA, MD, PHD REPRESENT PAYMENTS FOR CONTRACTED SERVICES. HOURS REFLECT TIME FOR SERVICES PROVIDED AND AS BOARD MEMBER. BOARD MEMBERS ARE NOT COMPENSATED AND HOURS REFLECT TIME PROVIDED AS A VOLUNTEER. HOURS REFLECTED FOR STAFF ARE THE STANDARD HOURS PER WEEK AND NOT ACTUAL HOURS WORKED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	QUALITY AND SAFETY CONSULTING: PROGRAM SERVICE EXPENSES 7,643,873. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,643,873. EDUCATION CONSULTING: PROGRAM SERVICE EXPENSES 2,523,297. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,523,297. RESEARCH CONSULTING: PROGRAM SERVICE EXPENSES 2,140,151. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,140,151. MEMBER SERVICE CONSULTING: PROGRAM SERVICE EXPENSES 1,521,996. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,521,996. COMMISSIONS AND COMMITTEES CONSULTING: PROGRAM SERVICE EXPENSES 108,606. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 108,606. SOCIETY CONSULTING: PROGRAM SERVICE EXPENSES 67,564. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 67,564. DATA SCIENCE INSTITUTE: PROGRAM SERVICE EXPENSES 325,712. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 325,712. OTHER CONSULTING: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 927,013. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 927,013. MEMBER DEVELOPMENT CONSULTING: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 151,608. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 151,608.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PRIOR YEAR GRANT REFUNDS 37,308.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN COLLEGE OF RADIOLOGY

Employer identification number

36-2261602

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION 1891 PRESTON WHITE DRIVE RESTON, VA 20191 54-1871642	EDUCATION	IL	501(C)(6)		N/A	Yes	
(2) AMERICAN COLLEGE OF RADIOLOGY FOUNDATION 1891 PRESTON WHITE DRIVE RESTON, VA 20191 36-6125578	RADIOLOGY SCI	IL	501(C)(3)	LINE 12B, II	N/A	Yes	
(3) AMERICAN INST FOR RADIOLOGIC PATHOLGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191 80-0632207	EDUCATION	MD	501(C)(3)	LINE 10	AMERICAN COLLEGE OF RADIOLOGY	Yes	
(4) RADPAC 1891 PRESTON WHITE DRIVE RESTON, VA 20191 54-1931987	POL ADVOCACY	VA	527		AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF RADIOLOGY FOUNDATION	B	69,975	CASH
(2) AMERICAN INSTITUTE OF RADIOLOGIC PATHOLOGY	B	35,338	CASH
(3) AMERICAN COLLEGE OF RADIOLOGY FOUNDATION	C	941,205	CASH
(4) AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION	Q	8,909,735	CASH
(5) AMERICAN INSTITUTE OF RADIOLOGIC PATHOLOGY	Q	988,193	CASH
(6) AMERICAN COLLEGE OF RADIOLOGY FOUNDATION	Q	117,347	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2261602
Name: AMERICAN COLLEGE OF RADIOLOGY

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AMERICAN COLLEGE OF RADIOLOGY FOUNDATION	B	69,975	CASH
AMERICAN INSTITUTE OF RADIOLOGIC PATHOLOGY	B	35,338	CASH
AMERICAN COLLEGE OF RADIOLOGY FOUNDATION	C	941,205	CASH
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION	Q	8,909,735	CASH
AMERICAN INSTITUTE OF RADIOLOGIC PATHOLOGY	Q	988,193	CASH
AMERICAN COLLEGE OF RADIOLOGY FOUNDATION	Q	117,347	CASH