Form 990-T	Exempt Organizat	ion Busin	ber 15, 2017 ess Income T ection 6033(e))		OMB No 1545-0687
ita	For calendar year 2016 or other tax year beginning	=	` ''		2016
			, and ending	//o000t	- 2016
Department of the Treasury Internal Revenue Service	Information about Form 990-7		-		Open to Public Inspection for
	Do not enter SSN numbers on this				501(c)(3) Organizations Only Demployer identification number
A Check box if address changed	Name of organization (Check	C DOX IT name change	ed and see instructions.)	1	(Employees' trust, see
	Amoriaan Physic	logical C	ani atre		53-0204660
B Exempt under section X 501(C)(3)	Print American Physio				E Unrelated business activity codes
	Type Number, street, and room or suite of 19650 Rockville		instructions.	ľ	(See instructions)
408(e) 220(e)			·····		
408A 530(a)		0814-3991	ign postal code		541800 900004
C Book value of all assets at end of year	F Group exemption number (See instruction				
67,858,157.	G Check organization type ► X 50	1(c) corporation	501(c) trust	401(a) trust	Other trust
H Describe the organization	n's primary unrelated business activity.	See	Statement 1		
I During the tax year, was	the corporation a subsidiary in an affiliated g	roup or a parent-sub	sidiary controlled group?	I	Yes X No
If "Yes," enter the name	and identifying number of the parent corporat	tion.			
J The books are in care o	► Robert T. Price		Teleph	one number 🕨 (:	301) 634-7173
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sal	es				
b Less returns and allo	wances c Balanc	ce l 1c			
2 Cost of goods sold (Schedule A, line 7)	2	T		
3 Gross profit. Subtrac	t line 2 from line 1c	3			
4a Capital gain net inco	ne (attach Schedule D)	4a			
b Net gain (loss) (Forn	1 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction		4c			
5 Income (loss) from p	partnerships and S corporations (attach stater	ment) 5			
6 Rent income (Sched		6		·····	
,	ced income (Schedule E)	7			
	yalties, and rents from controlled organizatio	ns (Sch.F) 8			
	of a section 501(c)(7), (9), or (17) organization	· · · · · · · · · · · · · · · · · · ·			~-
	ivity income (Schedule I)	10	29,425.	32,74	433,318.
11 Advertising income (• •	11	112,724.	47,10	
=	structions; attach schedule)	12			
13 Total. Combine line	s 3 through 12	13	142,149.	79,85	52. 62,297.
Part II Deduction	ons Not Taken Elsewhere (See in contributions, deductions must be direct				
14 Compensation of o	ficers, directors, and trustees (Schedule K)				14
15 Salaries and wages				ţ	15
16 Repairs and mainte	nance			ļ	16
17 Bad debts				f	17
18 Interest (attach sch	edule)			T T	18
19 Taxes and licenses	•			Ī	19 4,123.
20 Charitable contribut	ions (See instructio <u>ps for limitation rules)</u>	Statement	3 See Stat	ement 2	20 100.
21 Depreciation (attacl			21	Ì	
22 Less depreciation c	laimed on Schedule A aff d elsewhore on retur	ED	22a		22b
23 Depletion	erred compensation NOV 2 4 20	121	<u> </u>		23
24 Contributions to de	ferred compensation in NOV 24 20	17 181		Ţ	24
25 Employee benefit p		" બ્રિક		Ì	25
26 Excess exempt exp	enses (Schedule I)			<u> </u>	26
27 Excess readership		<u> </u>		j	27 5,164.
28 Other deductions (a				Ì	28
•	Add lines 14 through 28			T T	29 9,387.
	taxable income before net operating loss ded	uction. Subtract line	29 from line 13	ļ	30 52,910.
	leduction (limited to the amount on line 30)			t	31
	taxable income before specific deduction. Sul	otract line 31 from lii	ne 30	Ť	32 52,910.
	Generally \$1,000, but see line 33 instructions			ļ	33 1,000.
•	s taxable income. Subtract line 33 from line 3		r than line 32, enter the sm	naller of zero or	
line 32		3 4.	,		51,910.
	or Paperwork Reduction Act Notice, see ins	tructions.			Form 990-T (2016)

Form **990-T** (2016)

65

orm 990-		3-0204660	Page 2
Part I	II Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
	(2) Additional 3% tax (not more than \$100,000)		
c	Income tax on the amount on line 34	▶ 35c	7,978.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		.,,,,,,,,,,
	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	7,978.
Part I			.,,,,,,,,
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
	Other credits (see instructions) 41b		
	General business credit. Attach Form 3800 41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d		
е	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	7,978.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach		. , , , , , , ,
44	Total tax, Add lines 42 and 43	44	7,978.
	· ·	,049.	7,3701
	2016 estimated tax payments 45b 5	,000.	
	Tax deposited with Form 8868 45c 1	,914.	
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	,,,,,,,	
	Backup withholding (see instructions) 45e		
	Credit for small employer health insurance premiums (Attach Form 8941) 45f		
	Other credits and payments: Form 2439		
•	Form 4136 Other Total > 45g		
46	Total payments. Add lines 45a through 45g	46	8,963.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47	13.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	972.
50	Enter the amount of line 49 you want; Credited to 2017 estimated tax 972. Refunde	· · · · · · · · · · · · · · · · · · ·	0.
Part \			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority	•	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here >		x
52	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign	trust?	
	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjuty, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my knowledge and	belief, it is true,
Sign	Under penalties of perjuty, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Deputy Executive	May the IPS	discuss this return with
lere	1/15/17 Director		shown below (see
	Signature of officer Date Title	instructions)?	
	Print/Type preparer's name Preparer's signature Date Chec		
Paid	htd mad a 16 harden ma	employed	
r aid Prepa			1315245
Use C	Demons C. Company DITC		-2676261
JJC (8300 Boone Boulevard, Suite 600		
	Firm's address ▶ Vienna, VA 22182	ne no. (703)	893-0300
			222

Form **990-T** (2016)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory	valuation N/A					
1 Inventory at beginning of year	1		_	Inventory at end of year	ar		6		
2 Purchases	2] 7	Cost of goods sold. S	ubtract	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs				line 2			7_		
(attach schedule)	4a		_] 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	oper	ty)	
1. Description of property	···								
(1)						···			
(2)									
_(3)		 							
(4)				····		·			
		ed or accrued				3(a) Deductions direct	lv conn	ected with the income in	n
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	persona	sonal property (if the percent I property exceeds 50% or if sed on profit or income)	age) (attach schedule)	
(1)								-	
(2)									
(3)									
(4)						Ĭ			
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstrı	uctions)				·	
				2. Gross income from		3. Deductions directly co to debt-finar			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction: (attach schedule)	s
(1)	——··		+		<u> </u>		+-		
(2)			1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	.	\top		
(3)			†		1		\top	· · ·	
(4)			+		<u> </u>				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			1	%	<u> </u>				
(2)	-		\top	%					
(3)			\top	%	<u> </u>		_		
(4)	·	·	1	%	<u> </u>		\top		
			<u></u>	· · · · · · · · · · · · · · · · · · ·		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals				•)	n			0.
Total dividends-received deductions in	cluded in column	ı 8					_		0.
		-						Form 990-T	

Schedule F - Inter	est, Annuiti	es, Roya	lties, a					atio	ns (see in:	struction	ns)
1. Name of controlled of	organization.	2 ==	nployer		Controlled O		-	F 5			6 2
** Name of Controlled (organization	identi	ication nber	(loss) (see	e instructions)		al of specified ments made	includ	rt of column 4 led in the cont tation's gross	trolling	6. Deductions directly connected with income in column 5
(1)											
(2)	· · · · · -		***								
(3)					•					1	 -
(4)					·						
Nonexempt Controlled (Organizations							·			
7. Taxable Income		unrelated inco see instruction		9. Total	of specified payi made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgai income	nization's		ductions directly connected in income in column 10
(1)				-							
(2)	_										7.7.7.
(3)											
(4)				<u> </u>							
							Add colum Enter here and line 8, c	on page	1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Inve	stment Inco	me of a	Section	501(c)(7), (9), or	(17) Or	ganization				
(se	e instructions)										
1	Description of inco	ome			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)					Enter here and	n page 1					Enter here and on page 1,
Tatala					Part I, line 9, co	lumn (A)					Part I, line 9, column (B)
Schedule I - Explo	ited Evenn	L A adicide		<u> </u>	. Then Ad	0.1					0.
	instructions)	t Activity	, incom	e, Othe	r man Au	vertisi	ng income	, 			
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly o	censes connected oduction elated s income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 13) If a cols 5	5. Gross inco from activity the is not unrelate business income	nat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) Career											
(2) Services	29	,425.	32	,743.	-3,	318.					
(3)											
(4)	page 1	re and on 1, Part I, , col (A)		e and on , Part I,	· · · -	1					Enter here and on page 1, Part II, line 26
Totals	I	,425.		,743.							0.
Schedule J - Adve	ertising Inco	me (see	nstruction	, , <u>, , , , , , , , , , , , , , , , , </u>	L	_					1 0.
	rom Periodio				solidated	Basis					······
1. Name of period	dical	2. Gross advertising income		3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	I 2 minus in, compute	5. Circulati income	on	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_						
(2)					_						
(3)					_			[
(4)							ļ				
Totals (carry to Part II, line	(5))		0.	0							0.

Form 990-T (2016) American Physiological Society 53-02046 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

	1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)	Statement	5	112,724.	47,109.	65,615.	14,922,361.	10,980,307.	5,164.
Totals fro	om Part I		0.	0.				0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			į	Enter here and on page 1, Part II, line 27
	art II (lines 1-5)	•	112,724.		Tweeters			5,164.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2016)

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

Nami	American Physiological Society						53-02046	
	Note: See the instructions to find out if the corporation is a small corporation exempt				_	T	00 02010	
	from the alternative minimum tax (AMT) under section 55(e).					ĺ		
	The atendance minimum ax (Aint) and a section sole).							
1	Taxable income or (loss) before net operating loss deduction					1	51	,910.
2	Adjustments and preferences:							
a	Depreciation of post-1986 property					2a		
t	Amortization of certified pollution control facilities					2b		
	Amortization of mining exploration and development costs					2c		
	Amortization of circulation expenditures (personal holding companies only)					2d		
	Adjusted gain or loss					2e		
f	Long-term contracts					21		
c	Merchant marine capital construction funds					2g		
ŀ	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)					2h		
i	Tax shelter farm activities (personal service corporations only)					2i		
i	Passive activities (closely held corporations and personal service corporations only)					2j		
k	Loss limitations					2k		
- 1	Depletion					21		
r	n Tax-exempt interest income from specified private activity bonds					2m		
r	Intangible drilling costs					2n		
c	Other adjustments and preferences				*	20		
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20					3	51,	910.
4	Adjusted current earnings (ACE) adjustment:							
a	ACE from line 10 of the ACE worksheet in the instructions	4a	1	51,9	910.			
t	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a		Т		_]		
	negative amount. See instructions	4b			0.			
C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c						
C	Enter the excess, if any, of the corporation's total increases in AMTI from prior							
	year ACE adjustments over its total reductions in AMTI from prior year ACE							
	adjustments. See instructions. Note; You must enter an amount on line 4d							
	(even if line 4b is positive)	4d	L	 				
e	ACE adjustment.	_						
	If line 4b is zero or more, enter the amount from line 4c	Ì						
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	P				4e		0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT)				5	51,	910.
6	Alternative tax net operating loss deduction. See instructions					6		
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residu	Jal					010
	interest in a REMIC, see instructions					7	51,	910.
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	ine 8c)):					
а	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	۱.	,		^			
	group, see instructions). If zero or less, enter -0-	8a	╄	 	0.			
	Multiply line 8a by 25% (0.25)	8b		 	0.			
C	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control	ied					4.0	000
^	group, see instructions). If zero or less, enter -0-					8c		000.
9	Subtract line 8c from line 7. If zero or less, enter -0-					9		910.
10	Multiply line 9 by 20% (0 20)					10		, 304.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions					11		202
12	Tentative minimum tax. Subtract line 11 from line 10					12		382.
13 14	Regular tax liability before applying all credits except the foreign tax credit Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here					13		, 3 / 0 •
14	•		ווע			,,		0.
1\A/A	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return For Paperwork Reduction Act Notice, see separate instructions	<u>' </u>	_	 		14	Form 46	26 (2016)

* See also

Statement 6

	<u> </u>	➤ See ACE Worksheet Insti	ructions.		
					F1 010
1	Pre-adjustment AMTI. Enter the amount from line 3 o	f Form 4626		1	51,910.
2	ACE depreciation adjustment:		1 1	1 1	
	a AMT depreciation		2a		
	b ACE depreciation		⊣		
	(1) Post-1993 property	2b(1)	_		
	(2) Post-1989, pre-1994 property	2b(2)			
	(3) Pre-1990 MACRS property	2b(3)			
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections				
	168(f)(1) through (4)	2b(5)		1 1	
	(6) Other property	2b(6)	7	1 1	
	(7) Total ACE depreciation, Add lines 2b(1) throug	h 2b(6)	2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from		<u> </u>	2c	
3	Inclusion in ACE of items included in earnings and pri				
	a Tax-exempt interest income		3a		
	b Death benefits from life insurance contracts		3b		
	c All other distributions from life insurance contracts (ii	ncluding surrenders)	3c	 i	
	d Inside buildup of undistributed income in life insurance	,	3d		
	e Other items (see Regulations sections 1.56(g)-1(c)(6		-	 -	
	for a partial list)	(iii) tiii ougii (ix)	3e		
	f Total increase to ACE from inclusion in ACE of items i	ncluded in F&P. Add lines 32 throi		3f	
4	Disallowance of items not deductible from E&P:	included in Ear . Add lines 3a till of	igii 36	31	
	a Certain dividends received		4a		
			4 a		
	Dividends paid on certain preferred stock of public utilities that	,		1 1	
	affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19,		46		
	c Dividends paid to an ESOP that are deductible under	, ,	4c		
	d Nonpatronage dividends that are paid and deductible	under section		1 1	
	1382(c)		4d		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a		1 1	
	partial list)				
	f Total increase to ACE because of disallowance of item	s not deductible from E&P. Add lir	ies 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P		1 1		
	a Intangible drilling costs		5a		
	b Circulation expenditures		5b		
	c Organizational expenditures		5c		
	d LIFO inventory adjustments		5d		
	e Installment sales		5e		
	f Total other E&P adjustments. Combine lines 5a throu	gh 5e		5f	
6	Disallowance of loss on exchange of debt pools			6	
7	Acquisition expenses of life insurance companies for	qualified foreign contracts		7	
8	Depletion			8	
9	Basis adjustments in determining gain or loss from sa	ile or exchange of pre-1994 prope	ty	9	
0	Adjusted current earnings. Combine lines 1, 2c, 3f, 4	f, and 5f through 9. Enter the resu	lt here and on line 4a of		
	Form 4626			10	51,910.

Form 990-T Description of Organization's Primary Unrelated Statement 1
Business Activity

Advertising in scientific publications Career services

To Form 990-T, Page 1

Form 990-T	Contributions	Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
Cash Only	N/A	100.
Total to Form 990-T, Page 1,	line 20	100.

		Expenses Di of Unrelat			th Sta	tement
Description			Activity Number	Amour	ıt	Total
Allcoated staff Contract services		- SubTotal	- 1		7,713. 3,030.	32,743
Total of Form 990-7		-	_			32,743
Form 990-T So		- Income fr 1 on a Sepa			Sta	tement
Name of Periodical	Gross Adv Income	Direct Adv Cost	Gain (Loss)	Circ Income	Rdrship Costs	Excess Rdrshir Costs
American Journal of Physiology	37,850.	11,617.	26,233.	8,235,971.	6,829,225.	· · · · · · · · · · · · · · · · · · ·
Physiological			<u>-</u>	• •	, , ,	
Physiological Genomics The Physiologist Journal of Applied	3,635. 1,303.	1,090. 391.	2,545. 912.	250,687. 22,703.	240,597. 123,923.	912
Genomics The Physiologist Journal of Applied Physiology Jounal of	1,303. 17,024.	391. 7,834.	2,545. 912. 9,190.	250,687. 22,703.	240,597. 123,923.	
Genomics The Physiologist Journal of Applied Physiology Jounal of Neurophysiology Advances Physiological	1,303. 17,024. 9,632. 6,879.	391. 7,834. 3,256. 2,627.	2,545. 912. 9,190. 6,376. 4,252.	250,687. 22,703. 2,377,050. 2,479,272. 83,275.	240,597. 123,923. 1,141,819. 1,719,263. 176,047.	
Genomics The Physiologist Journal of Applied Physiology Jounal of Neurophysiology Advances	1,303. 17,024. 9,632.	391. 7,834. 3,256.	2,545. 912. 9,190. 6,376.	250,687. 22,703. 2,377,050.	240,597. 123,923. 1,141,819.	912

Form 4626	AMT Contributions	Statement 6
Carryover of Prior Ye For Tax Year 2011 For Tax Year 2012 For Tax Year 2013 For Tax Year 2014 For Tax Year 2015	ars Unused Contributions	
Total Carryover Current Year Contribu	tions	100
Total Contributions 10% of Taxable Income	as Adjusted	100 5,201
Excess Contributions		0
Allowable Contributio	ns	100
AMT charitable deduct Regular contribution		100 100
AMT contribution adju	stment	0