

1708

OMB No. 1545-0687

2016

01 96864

Form 990-T

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

Department of the Treasury  
Internal Revenue ServiceA  Check box if  
address changed

B Exempt under section

501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

C Book value of all assets  
at end of year

83758950

► Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
 ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations OnlyPrint  
or  
TypeName of organization (  Check box if name changed and see instructions.)

AMERICAN ANTIQUARIAN SOCIETY

Number, street, and room or suite no. If a P.O. box, see instructions.

185 SALISBURY STREET

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

WORCESTER, MA 01609

D Employer identification number  
(Employees' trust, see instructions.)

04-2103652

E Unrelated business activity codes  
(See instructions.)

F Group exemption number (See instructions.) ►  
 G Check organization type ►  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. ► K-1 FORM 1065 UBTI

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ►  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► JAMES DONNELLY

Telephone number ► 508-791-8500

## Part I- Unrelated Trade or Business Income

(A) Income (B) Expenses (C) Net

1a	Gross receipts or sales		c	Balance ►	1c						
b	Less returns and allowances				2						
2	Cost of goods sold (Schedule A, line 7)				3						
3	Gross profit. Subtract line 2 from line 1c				4a						
4a	Capital gain net income (attach Schedule D)				4b						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				4c						
c	Capital loss deduction for trusts				5	7545					7545
5	Income (loss) from partnerships and S corporations (attach statement)				6						
6	Rent income (Schedule C)				7						
7	Unrelated debt-financed income (Schedule E)				8						
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				9						
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				10						
10	Exploited exempt activity income (Schedule I)				11						
11	Advertising income (Schedule J)				12						
12	Other income (See instructions; attach schedule)				13	7545					7545
13	Total. Combine lines 3 through 12										

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1260
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	895
29	Total deductions. Add lines 14 through 28	29	2155
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	5390
31	Net operating loss deduction (limited to the amount on line 30)	31	5390
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	0
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0

9  
13

**Part III Tax Computation**

35 **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ►  **See instructions** and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$  (2) \$  (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$   
 (2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 ►

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) ►

37 **Proxy tax.** See instructions ►

38 Alternative minimum tax ►

39 **Tax on Non-Compliant Facility Income.** See instructions ►

40 **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies ►

35c	0	
36		
37		
38		
39		
40	0	

**Part IV Tax and Payments**

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ►

41a

41b

41c

41d

41e		
42	0	
43		
44	0	

41e Total credits. Add lines 41a through 41d ►

42 Subtract line 41e from line 40 ►

43 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) ►

44 **Total tax.** Add lines 42 and 43 ►

45a Payments: A 2015 overpayment credited to 2016 ►

45a

b 2016 estimated tax payments ►

45b

c Tax deposited with Form 8868 ►

45c

d Foreign organizations: Tax paid or withheld at source (see instructions) ►

45d

e Backup withholding (see instructions) ►

45e

f Credit for small employer health insurance premiums (Attach Form 8941) ►

45f

g Other credits and payments:  Form 2439

Form 4136  Other Total ►

45g

46	0	
47		
48	0	
49		
50		

46 **Total payments.** Add lines 45a through 45g ►

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

48 **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ►

49 **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ►

50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ►

Refunded ►

46	0	
47		
48	0	
49		
50		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority 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 ► Cayman Islands

Yes <input type="checkbox"/>	No <input type="checkbox"/>
✓	

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
	✓

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ 0

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ► Allen S. Dealey 3/29/18 President

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Signature of officer

Date Title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year . . .	6	
2 Purchases . . . . .	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	7	
3 Cost of labor . . . . .	3				
4a Additional section 263A costs (attach schedule) . . . . .	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
5 Total. Add lines 1 through 4b	5				

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)	
(2)	
(3)	
(4)	

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ►

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions included in column 8</b>				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.  
Enter here and on page 1,  
Part I, line 8, column (A).

Add columns 6 and 11.  
Enter here and on page 1,  
Part I, line 8, column (B).

**Totals****Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1,  
Part I, line 9, column (A).

Enter here and on page 1,  
Part I, line 9, column (B).

**Totals****Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col. (A).

Enter here and on page 1, Part I, line 10, col. (B).

Enter here and on page 1, Part II, line 26

**Totals****Schedule J—Advertising Income (see instructions)****Part I      Income From Periodicals Reported on a Consolidated 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)						

**Totals (carry to Part II, line (5))**

**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)						
<b>Totals from Part I</b> ►						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> ►						

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

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

**AMERICAN ANTIQUARIAN SOCIETY 04-2103652**  
**FORM 990-T, 2016**

**Part II, line 28:** \$895, portion of investment fees attributable to unrelated trade or business income

**Part II, line 31:** 990-T 2014 shows a net operating loss of \$83,228, \$5390 of which is being carried forward to 2016 as follows:

83,228	net loss generated 2014 990-T
<u>(5,390)</u>	used 2016 990-T
77,838	available for future years