ī

8X2740 1 000

Form	990-T (20	018)					Р	age 2
Par	t III	<b>Total Unrelated Business Taxable</b>	e Income					
33	Total o	of unrelated business taxable income con	nputed from all unrelated tra	ides or businesses (see				
		ions)			33		50,8	342.
34	Amoun	s paid for disallowed fringes			34	>	43,8	338.
35		on for net operating loss arising in			1			
33					25			
		ions)			35			
36	Total o	f unrelated business taxable income befor	e specific deduction Subtract	line 35 from the sum		1		
	of lines	33 and 34			36		94,6	80.
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)		37		1,0	000.
38	•	ed business taxable income. Subtract line						
•		e smaller of zero or line 36		•	38		93,6	680.
					_ 30		,,,,	
		Tax Computation			1		10 6	72
39	Organi	ations Taxable as Corporations. Multiply line			39		19,6	, / 3 .
40	Trusts	Taxable at Trust Rates. See ins	structions for tax computat	tion Income tax on				
	the amo	ount on line 38 from Tax rate schedule o	r Schedule D (Form 104	1)	40			
41		ax See instructions		·				
		rive minimum tax (trusts only)						
42								
43		Noncompliant Facility Income. See instructions					20.0	
44	Total A	dd lines 41, 42, and 43 to line 39 or 40, which	ever applies	<del> </del>	44		19,6	)/3.
Par	t V	Tax and Payments						
45 a	Foreign	tax credit (corporations attach Form 1118, true	sts attach Form 1116) 4	.5a	1 .1			
		redits (see instructions)			7 ]			
					7			
	Genera	business credit Attach Form 3800 (see instruc	uons)	5.1	-			
		or prior year minimum tax (attach Form 8801 o			<del>  </del>			
е		redits. Add lines 45a through 45d						
46	Subtrac	t line 45e from <u>line 44</u>	. <u></u> <u></u>	. <u></u>	46		19,6	<u> 73.</u>
47	Other ta	kes Check if from Form 4255 Form 8611	Form 8697 Form 8866	Other (attach schedule)	47			
48		x. Add lines 46 and 47 (see instructions)		<del></del>			19,6	73.
49		et 965 tax liability paid from Form 965-A or For			43			
		its A 2017 overpayment credited to 2018			-			
		stimated tax payments			<b>⊣</b> ।			•
С	Tax dep	osited with Form 8868	<u>5</u>	0c 7,000	<u>.</u>			
d	Foreign	organizations Tax paid or withheld at source (s	see instructions) 5	0d				
		withholding (see instructions)						
		or small employer health insurance premiums (			7			
					<b>⊣</b>			
g			439					
	F	orm 4136	Total <b>&gt;</b> 5	0g	_			
51	Total p	ayments. Add lines 50a through 50g		<u></u>	51		27,5	90.
52	Estimat	ed tax penalty (see instructions) Check if Form	2220 is attached		52			
53	Tax due	e. If line 51 is less than the total of lines 48, 49	and 52, enter amount owed		53	-		
54		yment. If line 51 is larger than the total of lines		•	<del></del>		7.9	917.
	•	<del>-</del>						
55		e amount of line 54 you want		Refunded P				
Par		Statements Regarding Certain A				<del></del>	<del></del> 1	
56		time during the 2018 calendar year, did					Yes	No
	over a	financial account (bank, securities, or oth	ier) in a foreign country? If "	"Yes," the organization n	nay have	e to file		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes,"	enter the name of the	foreign	country		
	here >							X
	-							X
57		the tax year, did the organization receive a dist		or or, or transferor to, a fore	eign trust	· · · · ·	$\dashv$	<u> </u>
	-	see instructions for other forms the organization						
<u>58</u>		ne amount of tax-exempt interest received or ac						
	Į ,	nder penalties of penury, I declare that I have examined	this return, including accompanying sched	dules and statements, and to the	best of my	/ knowledge a	and belo	ef, it is
Sigi	ין ר וי	ie, correct, and complete Declaration of preparer (other than to	supayer) is dased on all information of which		lov the t	DC discuss	this =	olum
Her		TATE P KIRBY	4- 6/28/19 CHIEF			RS discuss preparer sh		
		gnature of officer —	Date Title		ee instructio			No
			<del>, /</del>	Date		PTIN		_,,,,
Paid	1	Print/Type preparer's name	Preparer's signature	I Che	ck 🔲 ıf			_
		MARC BERGER	/ Mack Sey	06/20/19 self-	employed	D018	/156	3
•	arer	Firm's name ► BDO USA, LLP	1,54			13-5383		
use	Only	Firm's address ▶ 8401 GREENSBORO DI	RIVE, #800, MCLEAN, V			3-893-0	0600	
		<u> </u>			-	Form 99		(2018

Form 990-T (2018)							Page 3
Schedule A - Cost of G	<u>oods Sold. Er</u>	ter metho	<u>d of inventor</u>			<u></u>	
1 Inventory at beginning of			(	5 Inventory	at end of yea	ar	. 6
2 Purchases			7	Cost of	goods so	ld. Subtract line	
3 Cost of labor				6 from	line 5 En	iter here and in	ELD
4a Additional section 263A c	osts						
(attach schedule)	4a		8	B Do the	rules of	section 263A (	with respect to Yes No
<b>b</b> Other costs (attach schedu	· —				•	or acquired fo	, ,, ,
5 Total Add lines 1 through				to the orga	anization?	<u> </u>	X
Schedule C - Rent Incom	e (From Real P	roperty a	nd Persona	I Property	Leased V	Vith Real Prope	erty)
(see instructions)							
Description of property		,					
(1)							
(2)							
(3)							
(4)							
	2. Rent recei	ved or accru	ed				
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percent	rom real and pe age of rent for p r if the rent is ba	ersonal property	exceeds		directly connected with the income ((a) and 2(b) (attach schedule)
(1)							
(2)	_						
(3)			,				
(4)							
Total		Total					
(c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,
Schedule E - Unrelated D			e instruction	s)			
1 Description of det			2. Gross inc	ome from or		debt-finan	nnected with or allocable to ced property
			prop	erty		nt line depreciation ch schedule)	<ul><li>(b) Other deductions (attach schedule)</li></ul>
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjust of or allocal debt-financed (attach sche	ole to property	6 Co 4 dıv by colı	ided		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)	<u>-</u>			%			
Totals				▶		e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deducti							

Enter here and on page 1,

Part I, line 8, column (B)

AMERICAN PHYSICAL SOCIETY Form 990-T (2018) 13-1656610 Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 1 Name of controlled 2. Employer 5 Part of column 4 that is 6 Deductions directly 3 Net unrelated income 4 Total of specified organization identification number included in the controlling connected with income (loss) (see instructions) payments made organization's gross income ın column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 11 Deductions directly connected with income in 10. Part of column 9 that is included in the controlling 8. Net unrelated income 9 Total of specified 7 Taxable Income (loss) (see instructions) payments made organization's gross income column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11

Totals									▶	
Schedule G-Investment	Incom	e of a	Section	n 501	(c)(7)	, (9)	, or	(17)	) Orga	niza

ation (see instructions) 3 Deductions 5 Total deductions 4. Set-asides 1. Description of income 2. Amount of income directly connected (attach schedule) and set-asides (col 3 plus col 4) (attach schedule) <u>(1)</u> (2) <u>(3)</u> (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

Enter here and on page 1,

Part I, line 8, column (A)

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 exemple expenses (column 6 minus column 5, but no 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			

Schedule J-Advertising Income (see instructions)

Part I Income From Per  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))						

Form 990-T (2018)

Part II Income From Per 2, through 7 on a l			arate Basis (For	each periodica	I listed in Part II	, fill in columns
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 from Part I ▶			<b>公元》,完成</b>	USSEEF ENGIN	EF FEMALE THE CAN	
Totals, Part II (lines 1-5) ▶	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
Schedule K - Compensation	n of Officers. D	irectors, and T	rustees (see instr	uctions)		<u> </u>
1. Name	, , ,		Title	3 Percent of time devoted to business	4 Compensation unrelated to	
(1)				%		
(2)		• •		%		
(3)				%		
(4)				%		

Form **990-T** (2018)

Ī	TTACHMENT	1	
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rtanc	1 .		

## FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION  LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	127,428.
CHARITABLE CONTRIBUTION LIMITATION (10%)	70,937. * 10% 5,649.
CHARITABLE CONTRIBUTION	696,052.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	5,649.

ATTACHMENT	2	<del></del>	

FORM	990T	-	PART	ΙI	-	LINE	28	_	TOTAL	OTHER	DEDUCTIONS	
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TEMPORARY HELP	294.
MEETING PLACEMENT CENTER	22,493.
EQUIPMENT RENTAL	696.
STATIONERY AND SUPPLIES	7,531.
TELEPHONE EXPENSE	2.
TRAVEL & MEALS	4,825.
PROMOTIONAL ITEMS	731.
CREDIT CARD FEES	4,114.

PART II - LINE 28 - OTHER DEDUCTIONS 40,686.

ATTACHMENT 2 PAGE 74