501(c) trust

(A) Income

1c 2

3

4a

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

2020					02			
ome T	ax	Retur	n !	0	MB No 1545-0047			
33(e)) ending	1912			2019				
latest inform				Open to Public Inspection for				
your organiz	ation is	a 501(c)(3		501(	c)(3) Organizations Only			
tructions.)			(Em	loyer i ployee uction	identification number is' trust, see is )			
				05-0264797				
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501(c) trust			(a) trust		Other trust			
		ly (or first)						
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ncome		(B) Expens	es	_	(C) Net			
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1,750.

24.986.

24,986.

Form **990-T** (2019)

EXTENDED TO NOVEMBER 16, 2020 **Exempt Organization Business Income Tax Return** 

(and proxy tax under section 6033(e))

► Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization ( Check box if name changed and see instructions.)

02904

AMERICAN MATHEMATICAL SOCIETY

201 CHARLES STREET

F Group exemption number (See instructions.)

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

G Check organization type ► X 501(c) corporation

PROVIDENCE, RI

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

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

describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional

e Balance

28

29

30

(see instructions)

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Unrelated business taxable income. Subtract line 30 from line 29

Other deductions (attach schedule)

24

25

26

27

28

29

Form 990-T

Check box if address changed

Print

Type

The books are in care of LUCY MADDOCK

Part Iu Unrelated Trade or Business Income

H Enter the number of the organization's unrelated trades or businesses.

trade or business here > SALE OF ADVERTISING

If "Yes," enter the name and identifying number of the parent corporation.

B Exempt under section

X 501(c)(3 V3

529(a) Book value of all assets

408(e) 220(e)

408A 530(a)

219,211,612.

business, then complete Parts III-V.

1a Gross receipts or sales

**b** Less returns and allowances

Cost of goods sold (Schedule A, line 7)

Gross profit. Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation N	/A .				
1 Inventory at beginning of year	<del></del>			6 Inventory at end of year 6					
2 Purchases	2			7 Cost of goods sold. Subtract line 6			75-		
3 Cost of labor	3			from line 5. Enter h	ere and in l	Part I,	سأت		
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of sect	tion 263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b				property produced or acquired for resale) apply to			40.5	7 : 3
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property an	d Per	sonal Property	y Lease	d With Real Prop	erty)		
Description of property									
(1)									
(2)									
(3)									
(4)									
	··-	ed or accrued				3(a) Deductions directly	, connected :	with the means w	
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	personal				nd 2(b) (attac				
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		·	0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	(A)	<b></b>	_		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instru	ctions)		·			
			2	. Gross income from		<ol><li>Deductions directly con to debt-finance</li></ol>		or allocable	
Description of debt-financed property				or allocable to debt- financed property (a		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			7						
(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)		Allocable deduct mn 6 x total of co 3(a) and 3(b))	
(1)				9	6				
(2)				9	6				
(3)				9	6				
(4)				9	6				
					•	nter here and on page 1, Part I, line 7, column (A)		here and on pag I, line 7, column	
Totals					▶	0	•		0.
Total dividends-received deductions inc	cluded in column	8							0.
								Form <b>990-T</b>	(2019)

Schedule F - Interest, A	Innuities, Roy	alties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	tructions	s)	
			Exempt 0	Controlled O	rganızatı	ons					
Name of controlled organizati	ıde	Employer ntification number	ication (loss) (see		4. Tot payr	tal of specified ments made	included	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)	_		1								
(2)											
(3)		•				•					
(4)									l_		
Nonexempt Controlled Organia	zations										
7. Taxable Income	7***		of specified payments made		Part of column 9 that is included in the controlling organization's gross income		s included ation's		fuctions directly connected income in column 10		
(1)	<del></del>							Ì			
(2)											
(3)											
(4)											
		,				Enter here and	nns 5 and 1 i on page 1, column (A)		Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
Totals						_		0.		0.	
Schedule G - Investmer (see instr		Section	501(c)(7	), (9), or (	17) Org	ganization					
1. Descr	ription of income		;	2. Amount of income		Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)										<del>-</del>	
(4)	<del></del>					VOLUME CO. SPONYONE NEW TOTAL PROPERTY.	2220 P.290005	DESCRIPTION	TOTAL STORY	\$1 <b>.</b>	
<b>-</b>	Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)				
Totals Schedule I - Exploited	•	ty Incom	e, Other	Than Adv	ertisin	g Income			er retiter	×1 O •	
(see instru	ctions)			I						<del></del>	
Description of exploited activity			connected oduction related	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		attrib		6. Exp attribute colun	able to	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)	page 10	re and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisir				in the second se	********	Carlot Albert Control	AND THE PERSON NAMED IN	CANADA PARTITION OF THE PERSON NAMED IN COLUMN	·· C 77/39036-019		
Rartill Income From F				solidated	Basis						
	2. Gros			4. Advert	sing gain	T _	<u></u>			7. Excess readership	
1. Name of periodical	advertisir	ng adv	3. Direct ertising costs	or (loss) (c col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circula e income		6. Reade		costs (column 6 minus column 5, but not more than column 4)	
(1)						Ž.					
(2)											
(3)						<b>2</b>	$\longrightarrow$				
(4)				200		<b>#</b>					
Totale (carpy to Part II, line (5))		0.	0				1			0.	
Totals (carry to Part II, line (5))		<u> </u>		-1						Form <b>990-T</b> (2019	

## 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) JOINT	-						
(2) MATHEMATICAL							
(3) MEETING		26,736.		26,736.			
(4)							
Totals from Part I		0.	0.		2	1 መድማ ም	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)	Gray S		Mind and the second	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	<b></b>	26,736.	0.		1	رو <sup>د</sup> څخه ي	0.

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 (2019)