Go to www.irs.gov/Form990T for instructions and the latest information.  Department of the Treasury Internal Revenue Service  A Check box if address changed  B Exempt under section  X 501( c	2019  Open to Public Inspection for 501(c)(3) Organizations Only  Employer identification number (Employees' trust, see instructions)  13-1950856
Department of the Treasury Internal Revenue Service  A Check box if address changed  B Exempt under section  X 501( c) (3)  Print or 408(e) 220(e) 408A 530(a)  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Check box if name changed and see instructions or The American Geriatrics Society 40 Fulton Street, 18th Floor  Type New York, NY 10038  E	Open to Public Inspection for 501(c)(3) Organizations Only Employer identification number (Employees' trust, see instructions)
Department of the Treasury Internal Revenue Service  A Check box if address changed  B Exempt under section  X 501( c ) (3)  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  E Exempt under section  Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  E Exempt under section  Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society 40 Fulton Street, 18th Floor Type  The American Geriatrics Society	501(c)(3) Organizations Only Employer identification number (Employees' trust, see instructions )
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X   501( c )	13-1950856
408(e)   220(e)   Type   New York, NY 10038   E	
☐ 408A ☐ 530(a)	Unrelated business activity code
	(See instructions )
C Book value of all assets F Group exemption number (See instructions )►	
9,932,466. G Check organization type X 501(c) corporation 501(c) trust 401(a	) trust Other trust
H Enter the number of the organization's unrelated trades or businesses ►1 Describe the only (or first	t) unrelated
trade or business here ► If only	one, complete Parts I–V
If more than one, 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 trade or business, then complete Parts III–V  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► Yes XNo
If 'Yes,' enter the name and identifying number of the parent corporation	. □1.e2 ⊠1.40
J The books are in care of Phillip Washburne - Telephone number > 2	212-309-1414 -
Part   Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net
1 a Gross receipts or sales	(0)/
b Less returns and allowances c Balance ► 1c	
2 Cost of goods sold (Schedule A, line 7).	
3 Gross profit Subtract line 2 from line 1c 3	
4a Capital gain net income (attach Schedule D) 4a	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts.  4c	
5 Income (loss) from a partnership or an S corporation	
(attach statement)  6 Rent income (Schedule C)	
7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	· · · · · · · · · · · · · · · · · ·
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 9	··
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)  11 24,076. 2,404	. 21,672.
12 Other income (See instructions, attach schedule)	*.
12	
13 Total. Combine lines 3 through 12 13 24,076. 2,404	. 21,672.
Part II. Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (De	
directly connected with the uprelated business income.)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages	<del></del>
16 Repairs and maintenance	
17 Bad debts	· · · · · · · · · · · · · · · · · · ·
18 Interest (attach schedule) (see instructions)	
19 Taxes and licenses	
20 Depreciation (attach Form 4562)	
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21a 21a	
22 Depletion 23 County to a second a defended a second and a second a secon	
23 Contributions to deferred compensation plans  24 Small pure the program of the	
23 Contributions to deferred compensation plans 24 Employee Penefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 2020	<del></del>
25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule)  28 JUL 2 7 2020	
27 Other deductions (attach schedule)	
29 Unrelated business taxable income before net operating loss deduction subtract line 28 from line 13 2	21,672.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see Instructions)	
31 Unrelated business taxable income Subtract line 30 from line 29	21,672.
BAA For Paperwork Reduction Act Notice, see instructions.  TEEA0201L 9/19/19	Form 990-T (2019)

Form **990-T** (2019)

Schedule A — Cost of Goods Sold. Enter method of inventory valuation > 1. Inventory at beginning of year 2. Purchases 3. Cost of labor 4. As Additional setting 23 costs (attach schedule) 4. As Additional setting 23 costs (attach schedule) 4. As Additional setting 25 costs (attach schedule) 5. Total, Add lines 1 through 4b 6. Do the rules of section 263A (with respect to properly produced or accurred for resale) apply   X  Schedule C — Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (i) (2) (3) (4) (4) (5) (6) (6)  2. Rent received or accured (if the percentage of rent for personal property is more than 10% but not more than 50%) (ii) (2) (3) (4) (4) (5) (6) (6) (7) (8) (8) (9) (9) (9) (9) (9) (10) (11) (2) (12) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (20) (3) (4) (4) (5) (5) (6) (6) (7) (7) (7) (8) (8) (8) (8) (8) (9) (9) (9) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	Form 990-T (2019) The Ame:	13-1950856 Pag												
2 Purchases 3 Cost of labor 4 A Additional section 263A costs (attach schedule)  b Other costs 5 Total. Add lines 1 through 4b	Schedule A - Cost of Goo	ds Sold. En	ter me	thod of inve	ntory valua	tion	<b>&gt;</b>							
3 Cost of labor 4 a Additional section 263A costs (attach schedule) 4 a b Content of Section 263A (with respect to property produced or acquired for resale) apply 5 Total. Add lines 1 through 4b 5	1 . Inventory at beginning of ye	ear	1			6	Invent	ory at	end of year	6				
As Additional section 263A costs (statch schedule)  A a Additional section 263A costs (statch schedule)  A b Domer costs  5 Total. Add lines 1 through 4b  6 Total. Add lines 1 through 4b  7 Total. Add lines 1 through 4b  8 Total. Add lines 1 through 4b  8 Total. Add lines 1 through 4b  8 Total. Add lines 1 through 4b  9 Total. Add lines 1 through 4b  1 Total. A	2 Purchases.		2			7	Cost o	f good	ds sold. Subtract					
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b Other coasts 1 talians sept) 1 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b	4 a Additional section 263A costs (attach schedule)					1	and in	raiti	i, iiile 2		1	Yes	No	
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(3) (4) Total (C) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A)  Schedule E — Unrelated Debt-Financed Income (see instructions)  1 Description of debt-financed property  1 Description of debt-financed property  (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  6 Column 4 divided by column 5 reportable (column 2 x column 6) x total of columns 3(a) and 3(b)) reporty (attach schedule)  (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (6) (7) (8) (8) (8) (8) (8) (9) (9) (9) (10) (10) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (8) (8) (8) (8) (8) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (8) (8) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (8) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (7) (8) (8) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (6) (7) (6) (7) (7) (8) (8) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (6) (6) (7) (6) (7) (7) (8) (8) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (7) (8) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)													
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(2)	acquisition debt on or allocable to debt-financed	or allocable	to deb	t-financed	divided by			rep	oortable (column 2	x	(column 6 x		of	
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Totals  Part I, line 7, column (A) Part I, line 7, column (B)	(4)	.]					%	<u> </u>						
Totals								Ente Part	er here and on pag t I, line 7, column	je 1,En (A)  Pa	iter here and art I, line 7,	d on pa	age 1 n (B)	
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		ions included i	n colui	mn 8						<b></b>				

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Schedule r - Interest, A	mana				trolled O			o i gu		(300 111			
organization ider		mployer tification umber	3 Net unrelated income (loss) (see instructions)			Ť	<b>4</b> Total of spec payments ma			cluded in itrolling in ation's		6 Deductions directly connected with income in column 5	
(1)						+							
(2)						+			<del></del>				
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(3)						╁					_		
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Nonexempt Controlled Organiz			T				1 10 5 1		0.11		44.5.1		
<b>7</b> Taxable Income	8 Net unrelated income (loss) (see instructions)		paymei		of specified nts made		included ii	n the d	lumn 9 that is ne controlling gross income		connecte	ctions directly d with income olumn 10	
(1)													
(2)													
(3)													
(4)			<del> </del>										
Totals			•				Add columns here and on p 8, co		. Part I. line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)	
Schedule G - Investmen	t Incor	ne of a Se	ction	5016	c)(7) (9	1	or (17) Orga	nizati	on (see in	struction	ns)		
1 Description of income		2 Amount of income			De ctly	ductions connected schedule)		4 Set-aside ttach sched	s	5 Tota set-a	Il deductions and sides (column 3 us column 4)		
(1)					<u> </u>	-	·						
(2)													
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(4)			-										
Totals Schedule I — Exploited E	►	Enter here and Part I, line 9,	colum	าท์ (A)	ner Tha		Advertising	ncor	ne (see ins	truction	Part I, II	ere and on page 1 ine 9, column (B)	
1 Description of exploited activity		2 Gross unrelated business income from trade or business		3 Expenses directly connected with production of unrelated business income		fro or 2 r	Net income (loss) im unrelated trade business (column minus column 3).  a gain, compute umns 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, bu not more than column 4)	
(1)						┢	<del></del>					<u> </u>	
(2)						t						<del>                                     </del>	
(3)		<u> </u>	$\dashv$			$\vdash$							
(4)						t						<del> </del>	
Enter here on page Part I, line column (/		1, on page 1, e 10, Part I, line 10,				1917 - 19			•	* **	Enter here and on page 1, Part II, line 25		
Totals		<u> </u>	1				· · · · · · · · · · · · · · · · · · ·	<u> </u>	***				
Schedule J - Advertisin	-												
Part I Income From Pe	riodica	ls Reporte	d on	a Co	nsolida	tec	d Basis		-				
2 Gross advertising income			3 Direct advertising costs		0	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income		6 Readership costs		7 Excess readership costs (col 6 minus col 5, but not more than col 4)		
(1)						Ţ	F						
(2)						ľ							
(3)			$\Box$ T			١.						1	
(4)						<u> `·</u>							
Totals (carry to Part II, line (5))	<u> </u>										_		

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 ) 4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership costs (col 6 minus col 5, but not more than col. 4) advertising advertising income costs 1 Name of periodical income costs (1) Journal of the Amer Geriatrics Soc 2,404 21,672 (2) 24,076. (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 26 on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) 24,076 2,404 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 2 Title 1 Name time devoted to unrelated business to business 읭 용 ş > Total. Enter here and on page 1, Part II, line 14 Form 990-T (2019) BAA TEEA0204 L 09/19/19