~ <u>*</u> ,			_		. t		•	, , , ,	0014
000 T	Ex	cempt Organizat					n	OMB No	1545-0687
Form <b>990-T</b>	1	(and prox	y tax ui	nder section	6033(e))				
g. ***).	For cale	ndar year 2018 or other tax yea	ar beginning	, 2018,	and ending_	, 20	·	2)((	)) <b>18</b>
Department of the Treasury	-	► Go to www irs gov/Fo	rm990T for	instructions and t	the latest info	ormation	L	Ones to Bul	
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers on the				ation is a 501(c			olic Inspection for ganizations Only
A Check box if address change	a l	Name of organization ( C	Check box if n	ame changed and see	instructions)			yer identifica yees' trust, see	ation number instructions )
	4	AMERICAN COOLER	V 500 5	DOMENIC AND A	43 mm n T 3 f .	_			
B Exempt under section	Print	AMERICAN SOCIET				S	22 11	352024	
X 501( C 3	or	Number, street, and room or st	uite no It a P	O box, see instruction	S				s activity code
408(e) 220(d	Type	100 BARR HARBOR	חסדטב					structions )	s activity code
408A 530(	a)	City or town, state or province		1 7ID or foreign postal o	rode				
529(a) C Book value of all assets	_	WEST CONSHOHOCK	-		Loue	İ	54180	าก	_
at end of year		up exemption number (See i		***		i	37200		-
347,097,297		eck organization type	1	·	501(c) tru	ıct	401(a)	trust	Other trust
		inization's unrelated trades or	_ , _ , _ ,		1 301(0) 110			(or first) uni	
	_	ERTISING INCOME	Dusinesses		only one con	nplete Parts I-	•	•	
		end of the previous senten	ce. comple		•	•			.55555 15
trade or business, t			,						
		corporation a subsidiary in a	an affiliated	group or a parent-su	ubsidiary cont	rolled group? .		. , ▶	Yes X No
		identifying number of the pa		ition 🕨					·
J The books are in ca	re of ▶BF	RIAN MEINCKE, TRE	ASURER		Telephone n	umber ▶ 610	-832	9613	
Part I Unrelated	d Trade	or Business Income		(A) Incom	ne	(B) Expens	es	(4	C) Net
1a Gross receipts or	r sales			•					!
<b>b</b> Less returns and allow	wances	c Bal	lance 🕨 1c					ļ	
2 Cost of goods s	old (Sched	ule A, line 7)		- <del></del>					<u> </u>
•		2 from line 1c				<del></del>			
		ttach Schedule D)							
• , ,,		Part II, line 17) (attach Form 47)		<del></del>	-			<u> </u>	
		rusts							
		r an S corporation (attach statement).	•••						
		come (Schedule E)			-	· · · · · · · · · · · · · · · · · ·			
		ents from a controlled organization (Sci					•		
9 Investment income of	f a section 50	1(c)(7), (9), or (17) organization (Sch	edule G) 9						
10 Exploited exemp	t activity i	ncome (Schedule I)	10						
11 Advertising inco	me (Sched	Bule J)	11	77	,279	79	408		-2,129
12 Other income (S	See instruc	tions, attach schedule)	12						
		ough 12			,279		408		-2,129
		Taken Elsewhere (See					xcept for	or contrib	utions,
		be directly connected					<del></del>	<del></del>	
		directors, and trustees (Sche						ļ <del></del>	
	-							<del>                                     </del>	
43 Deal debte							. 16		
18 Interest (attach	schedule)					 -	. 18	<del>                                     </del>	
19 Taxes and licens	es	(see instructions)	1	···RECEI	/ED	]	. 19		
		See instructions for limitation		5	8	1	. 20		
		4562)		NOV. 272	70110 IO	j			
22 Less depreciation	on claimed	on Schedule A and elsewhe	re on return		2a O		22b		
23 Depletion			] .	OGDEN	<u></u>		. 23		- <u>-</u> -
24 Contributions to	deferred	compensation plans	<u>L</u>	OGDEN	<u>, U J</u>		. 24	<u> </u>	
25 Employee benef	it program:	3					. 25		
		Schedule I)							
		chedule J)						<del></del>	1 100
		chedule)							1,190
		s 14 through 28						<del>  .                                     </del>	$\frac{1,190}{-3,319}$
		le income before net ope	_					<del> </del>	3,319
		g loss arising in tax years b e income. Subtract line 31 fr	-		•		_	<del>                                     </del>	-3,319
For Paperwork Reduc	ction Act N	lotice, see instructions			<u></u>	<del></del>	. 32_	Form	990-T (2018)
8X2740 1000 1694FL 70	OP 11.	/11/2019 11 15 25	AM V	18-7 6F					(2010) (27
	• •							f	J J

Form 990-T (2018)

Form	990-T (2	018)						F	Page 2
Pai	rt III	<b>Total Unrelated Business Taxable</b>	e Income						
33	Total	of unrelated business taxable income cor	mputed from all unrelated	trades	or businesses (s	ee			
	instruc	nons)				33			331.
34	Amoun	ts paid for disallowed fringes				34		20,	122.
35	Deduci	ion for net operating loss arising in	tax years beginning befor	e Janu	ary 1, 2018 (s	ee	ļ		
	instruc	ions), , , , , , , , , , , , , , , , , , ,				35_			
36		of unrelated business taxable income before							
		33 and 34				<u> </u>			791.
37		deduction (Generally \$1,000, but see line 37					<u> </u>	1,(	000.
38		ed business taxable income. Subtract line							
	enter ti	e smaller of zero or line 36				· · 38		13,	791.
Pai		Tax Computation							
39	Organi	zations Taxable as Corporations. Multiply line						2,8	896.
40	Trusts	Taxable at Trust Rates See ins	structions for tax compu			ı			
		ount on line 38 from Tax rate schedule o	· · · · · · · · · · · · · · · · · · ·				ļ <u></u>		
41		ax. See instructions					ļ		
42	Alterna	tive minimum tax (trusts only)			• • • • • • • •	42	<u> </u>		
43		Noncompliant Facility Income See instructions							
44		dd lines 41, 42, and 43 to line 39 or 40, which	ever applies	· · · ·		44	<u> </u>	2,8	896.
	t V	Tax and Payments				<del></del>	·		
		tax credit (corporations attach Form 1118, tru							
		redits (see instructions)			<del></del>				
C	Genera	I business credit Attach Form 3800 (see instruc	ctions)	45c					
		or prior year minimum tax (attach Form 8801 o							
е		redits Add lines 45a through 45d					ļ	<del></del>	
46		t line 45e from line 44					<del></del>	2,8	896.
47		xes Check if from Form 4255 Form 8611							006
48		x. Add lines 46 and 47 (see instructions)					<u> </u>	2,8	896.
49		et 965 tax liability paid from Form 965-A or For					ļ <u>.</u>		
		nts A 2017 overpayment credited to 2018			8,61				
		stimated tax payments			<del></del>	$\dashv$			
		oosited with Form 8868							
		organizations Tax paid or withheld at source (s			·······				
		withholding (see instructions)			<del></del>				
		or small employer health insurance premiums (		501					
g		redits, adjustments, and payments Form 2	439	-0-					
			Total ▶					0 6	617.
51		ayments. Add lines 50a through 50g				51	ļ		<u> </u>
52		ed tax penalty (see instructions) Check if Form			▶∟	_			<del></del>
53		If line 51 is less than the total of lines 48, 49					-	5 7	721.
54		yment. If line 51 is larger than the total of lines		overpaid					
55		e amount of line 54 you want Credited to 2019 est Statements Regarding Certain A		ormat	Refunded		L		
	AVII	time during the 2018 calendar year, did					- authority	Yes	No
56		financial account (bank, securities, or other						<del>  [ ]  </del>	
		Form 114, Report of Foreign Bank and							ı I
	here	•	Tillandia Addodnis ii 100	J, C.110		,,c ,c,c,g	n country		х
	-		Library from an income the are	antos of	as transferor to a f	arouan trus		<del>                                     </del>	X
57	-	the tax year, did the organization receive a dist		antor or,	or transferor to, a r	oreign nus	,,,,,,,,		
58		see instructions for other forms the organization seemount of tax-exempt interest received or ac							i
30	Entert	nder penalties of perjury. I declare that I have examined	this return including accompanying so	chedules a	nd statements, and to t	he best of i	my knowledge	ard beli	ef, it is
Si~	1 1	ue correct and complete. Declaration of preparer tother than t	axpayer) is based on all information of wh	hich prepar	er has mny knowledge.		·		
Sig Her	1 1	Zuan C. Mein dee	11/4/19 > 72	ieasu	ull		IRS discuss preparer sh		
riel		ignature of officer	Date Title				breparer sn bons)? X Ye		No
		Print/Type preparer's name	Preparer's signature	Da	ile T .		PTIN	باست	المشتنسد
Paid	t	RUSSLEE ARMSTRONG	Queslacillamotor		0/21/10	heck Ll elf-employe	"	8838	3
Pre	parer	Firm's name GRANT THORNTON LL	P			ırm's EIN 🕨	36 605		<del></del>
Use	Only		SUITE 700, PHILADEL	PHIA,	DA 10103		15-561-4		
	***		<u> </u>				Form 99		(2018)

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Total dividends-received deductions included in column 8

1 ;

Schedule F-Interest, Ann	uities, Royalties						tions (see	nstruction	ons)	· · · · · · · · · · · · · · · · · · ·
41		Exem	npt Co	ntrolled Or	ganızatı	ons	· ·			
1 Name of controlled organization	2 Employer identification numb	er		ated income nstructions)		of specific ints made	included	of column 4 to I in the contr Ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)		_								
(4)										<u>,                                     </u>
Nonexempt Controlled Organi	zations								,	
7 Taxable Income	8 Net unrelated in (loss) (see instruc	<b>I</b>		Total of specific ayments 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		nnected with income in		
(1)				. <u>-</u>						
(2)						<u> </u>				<del></del>
(3)										<del></del>
(4)	<del></del> .			_						<del></del>
Totals	ncome of a Sec	 tion 501(	: c)(7),	 (9), or (17	► ) Orga	Ente Par	d columns 5 ar here and on 1, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ler here and on page 1, ort I, line 8, column (B)
1 Description of income	2 Amount of	income		3. Deduction directly cortain (attach sch	nected			et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)		_			-					
(3)				<del></del>						
Totals		olumn (A)	er Th	an Adverti	isina Ir	ncome	(see instru	ictions)		Enter here and on page 1, Part I, line 9, column (8)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected productio unrelate business in	ses / with n of	4 Net inconfrom unrelat or business 2 minus col 1f a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gr from a	oss income activity that t unrelated ess income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						-				<del>                                     </del>
(2)										
(3)		-			_					
(4)				<del></del>						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir										
				: J = 4 = J   D = -	-:-					<u></u>
Part I Income From Per	riodicais Report	ed on a Co	onsoi	loated Bas	SIS			<del></del>		
1 Name of periodical	2 Gross advertising income	3 Direc advertising		4 Advertigan or (los 2 minus co a gain, col cols 5 thro	s) (col ol 3) If mpute	l	irculation scome	6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)STANDARDIZATION NEWS	57,703	33,5	11							
(2)DIRECTORIES	19,576	45,8		1						
(3)				1						·
(4)			٠	7						
Totals (carry to Part II, line (5))	77,279	79,	408	-2	,129					Form 990-T (2018)

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)	·					
Totals from Part I ▶	77,279	79,408		` ,		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			<b>&gt;</b>	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶	77,279	79,408				

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)		%	
Total Enter here and on page 1, Part II, line	14		

Form 990-T (2018)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PROFESSIONAL FEES

1,190

1,190

PART II - LINE 28 - OTHER DEDUCTIONS