OMB No 1545-0687

2018

D Employer identification number

45-3220718

E Unrelated business activity code

Other trust

(Employees' trust, see instructions )

(See instructions )

900099

401(a) trust

Describe the only (or first) unrelated

. If only one, complete Parts I-V. If more than one,

Form 990-T

Department of the Treasury Internal Revenue Service

Check box if

B Exempt under section

X 501(c)(3 ()

408A

529(a) C Book value of all assets

at end of year

address changed

408(e) 220(e)

530(a)

business, then complete Parts III-V.

Print

Type

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

trade or business here TAXABLE TRANSPORTATION BENEFITS

<u> </u>	f "Yes," enter the name and identifying number of the parent corporation.  The books are in care of ALLISON FOSTER	Telephone number ▶ (202) 296-1099				
	art I Unrelated Trade or Business Income		(A) Income (B) Expense			(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
2 3	Gross profit. Subtract line 2 from line 1c	3				
4 a b c 5	Capital gain net income (attach Schedule D)	48				
Ь	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)	5				
6	Rent income (Schedule C)	6				
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 G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12				
13	Total. Combine lines 3 through 12	13	0.			
15 16 17 18 19 20 21 22 23 24 25	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs		AR 0 2 2020 80 80 80 80 80 80 80 80 80 80 80 80 80		15 16 17 18 19 20 22b 23 24 25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)			יייג רג	28	
29	Total deductions. Add lines 14 through 28			23	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract	ct line 29	from line 13		80	
31	Deduction for net operating loss arising in tax years beginning on or after Janua	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				
32	Unrelated business taxable income. Subtract line 31 from line 30			31	32	
	701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.					Form <b>990-T</b> (
				(h)	Ŋ	

**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.)

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 trade or

For calendar year 2018 or other tax year beginning OCT 1, 2018

ASSOCIATION OF SCHOOLS & PROGRAMS

F Group exemption number (See instructions.)

G Check organization type ► X 501(c) corporation

OF PUBLIC HEALTH, INC.

WASHINGTON DC 20036

1900 M STREET, NW, NO. 710

, and ending SEP 30, 2019

501(c) trust

*	ASSOCIATION OF SCHOOLS & PROGRAMS									
Form 990-T	(2018) OF PUBLIC HEALTH, INC.	45-322071	L8 Page 2							
Part I	Total Unrelated Business Taxable Income									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33 0.							
34	Amounts paid for disallowed fringes	Ţ.	34							
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	Γ	35							
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
00	lines 33 and 34		26							
07		25	36 1,000.							
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3/							
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	201								
<u> </u>	enter the smaller of zero or line 36		38 0.							
Part I	/ Tax Computation	7 ( 2 X T	<del></del>							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	UU > L	39 0.							
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:									
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> L	40							
41	Proxy tax. See instructions	▶ _	41							
42	Alternative minimum tax (trusts only)	Γ	42							
43	Tax on Noncompliant Facility Income. See instructions		43							
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	- 745 L	44 0.							
Part V			<del></del>							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a									
	Other credits (see instructions)		}							
v										
C	General business credit. Attach Form 3800		1							
_	Credit for prior year minimum tax (attach Form 8801 or 8827)		ا ب							
	Total credits. Add lines 45a through 45d		45e							
46	Subtract line 45e from line 44		46 0.							
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (	~ F	47							
48	Total tax. Add lines 46 and 47 (see instructions)	44	48 0.							
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	50 L	<u>49</u> 0.							
50 a	Payments. A 2017 overpayment credited to 2018		1 ]							
b	2018 estimated tax payments	3,400.	ſ							
c	Tax deposited with Form 8868		1							
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1							
	Backup withholding (see instructions) 50e									
	Credit for small employer health insurance premiums (attach Form 8941)									
	Other credits, adjustments, and payments: Form 2439									
y										
			<del>1</del> 5.1 3,400.							
	Total payments. Add lines 50a through 50g		51 3,400.							
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<b>—</b>	, ,							
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	~ =	53							
(1)	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>りフ▶</b> ト	3,400.							
			3,400.							
Part V	Statements Regarding Certain Activities and Other Information (see instruc	tions)	<u> </u>							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	/	Yes No							
	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		1 1							
	here >		x							
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eian trust?	х							
	If "Yes," see instructions for other forms the organization may have to file.									
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$									
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I	pest of my knowledge	and belief, it is true,							
Sign	correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge									
Here May the IRS discuss this return with										
	Signature of efficient Date Title		reparer shown below (see							
			uctions)? X Yes No							
		Check if	PTIN							
Paid	(X/ 0 / FEB 1 9 2020)	self- employed								
Prepa	rer WILLIAM E TURCO, CPA		P00369217							
Use O	- BOW TO TTD	Firm's EIN	42-0714325							
	9801 WASHINGTONIAN BLVD, STE 500		<del></del>							
	Firm's address GAITHERSBURG MD 20878	Phone no. 301	-296-3600							

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT 1
QUALIFIED	CONTRIBUTIONS SUBJECT	TO 100% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	CONTRIBUTIONS 1,203,353	1	
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBU	TIONS	1,203,353	
	RIBUTIONS AVAILABLE COME LIMITATION AS AD	JUSTED	1,203,353	_
EXCESS 100	CONTRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS		1,203,353 0 1,203,353	_
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON		0
TOTAL CONT	RIBUTION DEDUCTION			0