	E~-	990-T	F	Exempt Organization Bus	sine	es Income 7	Tax Rotur	, 1	OMB No 1545-0687					
	rųm	JJU- 1	<b>-</b>	and proxy tax und					0040					
			For ca	endar year 2018 or other tax year beginning JUL 1,			N 30, 201	9	2018					
	Donart	most of the Treasury	ł	► Go to www.irs.gov/Form990T for in				- L						
	Interna	ment of the Treasury I Revenue Service	<b>&gt;</b>	Do not enter SSN numbers on this form as it may				ſ	Open to Public Inspection for 50 1(c)(3) Organizations Only					
	A L	Check box if address changed		Name of organization ( Check box if name c	hanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see ictions.)					
	8 Ex	empt under section	Print	AMERICAN SOCIETY OF HU	52-1419397									
	X	]501(c)(3 0)3												
		408(e) 220(e)	туре	6120 EXECUTIVE BOULEVA	RD,	NO. 500			nstructions )					
		408A 530(a) 529(a)	ŀ	City or town, state or province, country, and ZIP o ROCKVILLE, MD 20852	r foreig	n postal code		511	120					
	C Boo	k value of all assets	value of all assats											
	at e	21 246 2	rative of all assets of the group exemption number (See instructions.)  F Group exemption number (See instructions.)  A 501(c) corporation 501(c) trust 401(a) trust 0 0ther to the number of the group tends of the group ten											
	H Fot	ter the number of the	the only (or first) un		Onle trust									
					than one									
		trade or business here ADVERTISING  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												
		iness, then complete		•		,								
				oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	<b>D</b>	Ye	s X No					
	If "	Yes," enter the name a												
		e books are in care of	one number 🕨 (	301	)634-7300									
	Pa	t.I. Unrelated	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net					
	1a	Gross receipts or sale	es				,							
		Less returns and allow		c Balance	1c									
		Cost of goods sold (S			2									
		Gross profit. Subtract		*	3			_/						
		Capital gain net incon	•	•	4a	·		_						
				art II, line 17) (attach Form 4797)	4b									
		Capital loss deduction		•	4c									
		Rent income (Schedu		thip or an S corporation (attach statement)	6									
7		Unrelated debt-financ		ne (Schedule F)	7		<del></del>							
5	_			nd rents from a controlled organization (Schedule F)	8				1					
Ó				on 501(c)(7), (9), or (17) organization (Schedule G)										
		Exploited exempt activ		· · · · · · · · · · · · · · · · · · ·	10									
	11	Advertising income (S	Schedule	: J) `	11	127,490.	8,7	71.	118,719.					
	12	Other income (See ins	struction	s; attach schedule)	32									
		Total. Combine lines			13	127,490.	8,7	71.	118,719.					
	Par	t IL Deductio	ns No	ot Taken Elsewhere (See instructions to utions, deductions must be charactery consecuted	r limit	ations on deductions.)								
					$\Rightarrow \hookrightarrow$	the unrelated busines	s income )							
	14		icers, di	rectors, and trustees (Schedule K)	S-0S(			14						
	15	Salaries and wages		[S] AUG 0 3 2020	Joy.			15						
	16	Repairs and mainten	ance	·   /	<u> 구</u> 또			16						
	17 18	Bad debts Interest (attach sche	dula) (a	ee instructions) OGDEN, UT	•		_	17 18	· · · · · · · · · · · · · · · · · · ·					
	19	Taxes and licenses	aule) (Si	se instructions)		}	•	19	8,738.					
	20		ons (Sec	e instructions for limitation rules) STATEME	ΝΤ	3 SEE STAT	EMENT 1	20	10,798.					
	21	Depreciation (attach				21								
	22			Schedule A and elsewhere on return		22a		22b						
	23	Depletion						23						
	24	Contributions to defe	ered co	mpensation plans				24						
	25	Employee benefit pro	/			_	•	25	_					
	26	Excess exempt expe	nses (So	chedule I)		•		26						
	27	Excess readership co	osts (Sci	hedule J)			-	27						
	28	Other deductions (at	tach sch	edule) .		SEE STAT	EMENT 2	28	1,000.					
	29	Total deductions. A						29	20,536.					
	30	/		ncome before net operating loss deduction. Subtrac				30	98,183.					
	31	=		oss arising in tax years beginning on or after Januar	ry 1, 20	)18 (see instructions)	1	31						
	32			ncome. Subtract line 31 from line 30				32	98,183.					
	823701	1 01-09-19 LHA FC	r Paper	work Reduction Act Notice, see instructions.	2			1	Form <b>990-T</b> (2018)					
					3			1						

98,183.

98,183.

97,183.

20,408.

20,408.

20,408.

20,408.

8,101.

403.

1,000.

55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes	_ N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		_
	}	į	
	here ▶	1 1	2
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		7
	If "Yes." see instructions for other forms the organization may have to file.		$\overline{}$

Enter the amount of tax-exempt interest received or accrued during the tax year > \$

ign	Correct, and complete Declaration of preparer (other that	d this return, including according taxpayer) is based on all in	npanying schedules : iformation of which p	and statements, and reparer has any know	my knowle			
lere	Manust Mill.	06/23/20	OFFIC		. •		the IRS discuss this return with reparer shown below (see	1
1	Signature of officer	Date	Title			instr	uctions)? X Yes I	No
	Print/Type preparer's name	Preparer's signature	,	Date	Check	ıf	PTIN	
Paid	RICHARD J. LOCASTRO,	D.1 11	100		self- emp	loyed		
Dronaro	, CPA	1 Kurand J	rocash	6/11/2020	Ì		P00288314	

Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN **Use Only** 4550 MONTGOMERY AVE SUITE 800N

52-1392008 Firm's EIN

Phone no. (301) 951–9090

Firm's address ▶ BETHESDA, MD 20814-2930 823711 01-09-19

Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter n	nethod of inven	tory v	atuation N/A		<u> </u>				
1 Inventory at beginning of year	1		6 Inventory at end of year 6							
2 Purchases	2		7 7	Cost of goods sold. S	ubtract l	ine 6				
3 Cost of labor	3		1	from line 5. Enter here			- 1			
4a Additional section 263A costs			1	line 2		,	7			
(attach schedule)	4a		8	Do the rules of section						
b Other costs (attach schedule)	4b		1		acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		1	the organization?		, , , , , , , , , , , , , , , , , , ,				
Schedule C - Rent Income		Property and	d Per		Leas	ed With Real Pro	perty)	<del></del>		
(see instructions)										
1. Description of property										
(1)				· · · · · · · · · · · · · · · · · · ·	<del></del>					
(2)										
(3)										
(4)										
	2. Rent received	or accrued				0(0)0-1-11-11-11				
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er 🕨			0.	(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B)	•	0.		
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)		<del></del>				
		<del></del>		Gross Income from		3. Deductions directly conn to debt-finance	ected with or a	ilocable		
1. Description of debt-fi	inanced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)							T			
(2)							† <del></del>			
(3)			1					7		
(4)						······································				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-financ	djusted basis ocable to ed property ichedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column (	cable deductions 5 x total of columns (a) and 3(b))		
(1)				%						
(2)				%						
(3)			$\mathbf{I}$	%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		e and on page 1, e 7, column (B).		
Totals				•		0.		0.		
Total dividends-received deductions in	ncluded in column 8	3				<b>•</b>	1	0.		
	<del></del>						F	orm <b>990-T</b> (2018		

Schedule F - Interest,					Controlled O				(000 1113		,
1. Name of controlled organiza	ation	2. Em Identifi num	cation	3. Net unr (loss) (see	related income e instructions)	4 Tota payn	al of specified nents made	Includ	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)				I							
(4)											
Nonexempt Controlled Organ	zations					<del></del>					
7. Taxable Income		inrelated inconsee instructions		9. Total	of specified pay made	ments	10. Part of colu in the controll gross		nzation's	11. De	eductions directly connected h income in column 10
(1)	1										
(2)				<b>†</b>							
(3)		<del>,</del> -		†	·						
(4)				†						·	
	<u> </u>		- 04	<u> </u>			Add colun Enter here and line 8, o		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see inst	ent Inco tructions)	me of a	Sectio	n 501(c)(	7), (9), or	(17) Or	ganizatior	)			
1. Desc	cription of inco	me		i	2. Amount of	income	3. Deduction directly connective	cted	4. Set-a (attach se		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)			_								
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals				<b></b>		0.					0.
Schedule I - Exploited (see instri		Activity	Incon	ne, Other	r Than Ac	lvertisi	ng Income	•			
Description of exploited activity	unrelated incom	iross business e from business	directly with pi of ur	openses connected roduction irelated ss income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or blumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expr attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals	Enter her page 1 line 10,		page	ere and on 1, Part I, I, col (B).							Enter here and on page 1, Part II, line 26
Schedule J - Advertisi	ing Inco	me (see ii	nstructio	ns)	<u> </u>						<u> </u>
Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	4. Advert or (loss) (co col 3). If a g		5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_						
					_			I			
(4)											
Totals (carry to Part II, line (5))	<b>•</b>		0.	0							0.
											Form <b>990-T</b> (2018

Part II Income From Periodicals Reported on a Separate Basis (For each penodical 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	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) JOURNAL	127,490.	8,771.	118,719.			<b>†</b>
(2)						T
(3)						
(4)						
Totals from Part I	0.	0.		• • • • • • • • • • • • • • • • • • • •	<u> </u>	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)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	127,490.	8,771.				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	<b>&gt;</b>	0

Form 990-T (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FY19 CHARITABLE CONTRIBUTIONS N/A		9,015
TOTAL TO FORM 990-T, PAGE 1, LI	INE 20	9,015
FORM 990-T	OTHER DEDUCTIONS	STATEMENT
DESCRIPTION	OTHER DEDUCTIONS	STATEMENT AMOUNT
	OTHER DEDUCTIONS	

FORM 990-T	CONTRIBUTION	S SUMMARY		STATEMENT	3
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100	% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRI YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	BUTIONS 38,113 18,736 18,446 27,000 69,346			
TOTAL CARR			171,641 9,015		
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	_	180,656 10,798		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	_	169,858 0 169,858		
ALLOWABLE	CONTRIBUTIONS DEDUCTION	_		10,7	798
TOTAL CONT	RIBUTION DEDUCTION			10,7	798