

EXTENDED TO FEBRUARY 15, 2019

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Form 990-T

960

OMB No 1545-0687

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning APR 1, 2017, and ending MAR 31, 2018

2017

► 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).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA Check box if
address changed

B Exempt under section

501(c)(3)

408(e) 220(e)

408A 530(a)

529(a)

Print
or
TypeName of organization (Check box if name changed and see instructions.)
ASSOCIATION OF SCIENCE-TECHNOLOGY

CENTERS INCORPORATED

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

818 CONNECTICUT AVENUE, NW, NO. 700

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

WASHINGTON, DC 20006D Employer identification number
(Employees' trust, see
instructions)**52-1926756**E Unrelated business activity codes
(See instructions)**541800 900099**C Book value of all assets
at end of year**4,863,381.**

F Group exemption number (See instructions.) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity ► SEE STATEMENT 1

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

► Yes No

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

J The books are in care of ► **CRISTIN DORGELO**Telephone number ► **202-783-7200****Part II Unrelated Trade or Business Income**

1a Gross receipts or sales

b Less returns and allowances

c Balance ►

2 Cost of goods sold (Schedule A, line 7)

3 Gross profit Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

c Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)

6 Rent income (Schedule C)

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

12 Other income (See instructions; attach schedule) **STATEMENT 2**

13 Total. Combine lines 3 through 12

	(A) Income	(B) Expenses	(C) Net
1c			
2			
3			
4a			
4b			
4c			
5			
6			
7			
8			
9			
10			
11	11,750.	8,111.	3,639.
12	3,626.		3,626.
13	15,376.	8,111.	7,265.

Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	
15	
16	
17	
18	
19	
20	Charitable contributions (See instructions for limitation rules) STATEMENT 4 SEE STATEMENT 3
21	Depreciation (attach Form 4562)
22	Less depreciation claimed on Schedule A and elsewhere on return
23	Depletion
24	Contributions to deferred compensation plans
25	Employee benefit programs
26	Excess exempt expenses (Schedule I)
27	Excess readership costs (Schedule J)
28	Other deductions (attach schedule)
29	Total deductions. Add lines 14 through 28
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 5
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)
34	Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32
35	0.

6.9

45

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation

Controlled group members (sections 1561 and 1563) check here ► See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)

(1) (2) (3)

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

(2) Additional 3% tax (not more than \$100,000)

\$

c Income tax on the amount on line 34

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or Schedule D (Form 1041)

37 Proxy tax. See instructions

38 Alternative minimum tax

39 Tax on Non-Compliant Facility Income. See instructions

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

35c 0.
36
37
38
39
40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)

b Other credits (see instructions)

c General business credit Attach Form 3800

d Credit for prior year minimum tax (attach Form 8801 or 8827)

e Total credits Add lines 41a through 41d

42 Subtract line 41e from line 40

43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)

44 Total tax Add lines 42 and 43

45a Payments A 2016 overpayment credited to 2017

b 2017 estimated tax payments

c Tax deposited with Form 8866

d Foreign organizations Tax paid or withheld at source (see instructions)

e Backup withholding (see instructions)

f Credit for small employer health insurance premiums (Attach Form 8941)

g Other credits and payments. Form 2439

Form 4136 Other _____ Total ►

41a
41b
41c
41d
41e 42 0.
43
44 0.
45a
45b
45c
45d
45e
45f
45g
46
47
48 0.
49
50

46 Total payments Add lines 45a through 45g

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

50 Enter the amount of line 49 you want. Credited to 2018 estimated tax ►

Refunded ►

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 here ►

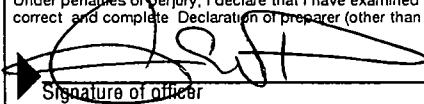
Yes No
X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file

Yes No
X

53 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 best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here  Date 2/14/19 Title PRESIDENT AND CEO
Signature of officer
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name SCOTT D. RODGVILLE, CPA	Preparer's signature SCOTT D. RODGVILLE, CPA	Date 02/14/19	Check <input type="checkbox"/> if self-employed	PTIN P00365285
	Firm's name ► GORFINE, SCHILLER & GARDYN, PA 10045 RED RUN BLVD, SUITE 250			Firm's EIN ►	52-1231901
	Firm's address ► OWINGS MILLS, MD 21117			Phone no	410-356-5900

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2		
3 Cost of labor	3		
4 a Additional section 263A costs (attach schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		
		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based 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.	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	►	0.
		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt- financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.
Total dividends-received deductions included in column 8				

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments 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	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals				0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
				Enter here and on page 1, Part I, line 9, column (A)
Totals				0.
				Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 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, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
				Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26
Totals				0.	0.	0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))				0.	0.	0.

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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) DIMENSIONS	11,250.	8,111.	3,139.	42,721.	194,379.	3,139.
(2) INFORMER	500.		500.			
(3)						
(4)						
Totals from Part I ►	0.	0.				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) ►	11,750.	8,111.				3,139.
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 ►						0.

Form 990-T (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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ADVERTISING INCOME FROM NEWSLETTER & IRC 512(A)(7) QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
AMOUNTS PAID FOR DISALLOWED FRINGES	3,626.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	3,626.

FORM 990-T	CONTRIBUTIONS	STATEMENT	3
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS TO 501(C)(3) ORGANIZATIONS	N/A	75,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		75,000.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	4,306
FOR TAX YEAR 2015	616,412
FOR TAX YEAR 2016	270,450

TOTAL CARRYOVER	891,168
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	75,000
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TOTAL CONTRIBUTIONS AVAILABLE	966,168
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TAXABLE INCOME LIMITATION AS ADJUSTED	0
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EXCESS 10% CONTRIBUTIONS	966,168
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	966,168
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ALLOWABLE CONTRIBUTIONS DEDUCTION	0
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TOTAL CONTRIBUTION DEDUCTION	0
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FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/17	21,360.	0.	21,360.	21,360.
NOL CARRYOVER AVAILABLE THIS YEAR			21,360.	21,360.