	(C&E 9.00)					29393 31	402922		
Form 990-T	\ /	Exempt Orga	nization Bu	usine	ss Income T	ax Return	OMB No 1545-0687		
4	For ca	ا ت) alendar year 2017 or other tax ye				N 30, 2018	 2017		
Department of the Training Internal Revenue Series			irs gov/Form990T for	rinstructio	ns and the latest inform	nation. ration is a 501(c)(3).	Open to Public Inspection for 50 1(c)(3) Organizations Only		
A Check bo address		Name of organization (ASSOCIATION				(Em	oloyer identification number ployees' trust, see ructions)		
B Exempt under		OFFICIALS,	INC.				51-1209406		
X 501(c)(3	or 220(e) Type	or Number, street, and room or suite no. If a P.O. box, see instructions.							
408A]530(a)	City or town, state or pro		or foreigi	n postal code				
529(a)	<u></u>	LEXINGTON,				54:	1800		
C Book value of all a		F Group exemption num			FO1(a) trust	401(a) trust	Other trust		
		G Check organization typ nary unrelated business acti				401(a) trust			
		poration a subsidiary in an					res X No		
-		ntifying number of the parer		16111-30031	diary controlled group:				
		ASDSO - LORI			Teleph	one number ► (859	9) 257-5140		
		de or Business Inc			(A) Income	(B) Expenses	(C) Net		
1a Gross receip	ots or sales								
b Less returns	s and allowances		c Balance	► <u>1c</u>			ļ <u> </u>		
	ds sold (Schedul			2					
•	Subtract line 2			3		-	- 7		
4a Capital gain				4a		1	V C		
- '		Part II, line 17) (attach Form	1 4797)	4b		NOV: 0	-1/		
•	deduction for tru			4c		NOV 1 8	2018 101		
•	•	hips and S corporations (at	ach statement)	5			7019 O		
	e (Schedule C)	one (Cabadula E)		7		OGUEN			
		ome (Schedule E)	rannizations (Sah E)	8		LOGDLIV	+		
		and rents from controlled o		1					
		ion 501(c)(7), (9), or (17) o ome (Schedule I)	ryanization (Scheddle	10					
•	income (Schedu	• •		11	19,184.	13,052	6,132.		
	•	ons, attach schedule)		12	13,104.	13,032	0,1321		
	bine lines 3 thro			13	19,184.	13,052	6,132.		
Part II De	ductions N	ot Taken Elsewhei		for limita	itions on deductions)				
(Ex	cept for contrib	outions, deductions mus	be directly connec	ted with t	the unrelated busines	s income)			
14 Compensa	tion of officers, d	directors, and trustees (Scho	edule K)	-		14			
20 15 Salaries an	d wages					15			
	d maintenance					16			
17 Bad debts						17			
18 Interest (at	tach schedule)					16			
19 Taxes and						19			
Charitable	•	ee instructions for limitation	rules)		1	20	 		
111	on (attach Form 4	•			21				
Z22 Less depre	iciation claimed o	on Schedule A and elsewher	e on return		22a	22b			
Z23 Depletion						23	-		
24 Contributio		ompensation plans				24	 		
26 Excess exe	benefit programs					26			
	empt expenses (S dership costs (S	•				27	6,132.		
	dership costs (S ections (attach so	•				28	0,152.		
	ctions (attach so	•				29	6,132.		
		income before net operatin	loss deduction. Subt	ract line 29	9 from line 13	30	0.		
		on (limited to the amount on				31	<u> </u>		
· ·	=	income before specific ded	•	1 from line	30	32	0.		
		lly \$1,000, but see line 33 ir				33	1,000.		
		e income. Subtract line 33			than line 32, enter the sr				
line 32						34	0.		
723701 01-22-18	LHA For Pape	erwork Reduction Act Notic	e, see instructions				Form 990-T (2017)		



		ASSOCIATION OF STA	TE DAM SAFETY					_ ,
orm 990-1					61-12	09406		Page 2
Part I	11]	fax Computation						
35 `	Orgai	n <mark>izations Taxable as Corporations</mark> . See instru	ctions for tax computation.					
		olled group members (sections 1561 and 156						
a	Enter	your share of the \$50,000, \$25,000, and \$9,9		rder):				
	(1)	\$ (2) \[\]	(3) \$					
b	Enter	organization's share of: (1) Additional 5% tax						
	(2) A	dditional 3% tax (not more than \$100,000)	\$			+		
C		ne tax on the amount on line 34			•	35c		0.
36	Trust	s Taxable at Trust Rates See instructions for	tax computation. Income tax on the amou	int on line 34 from:				
		Tax rate schedule or Schedule D (For	m 1041)		>	36		
37	Proxy	tax See instructions			>	37		
38	Alterr	ative minimum tax				38		
39	Taxo	n Non-Compliant Facility Income. See instruc	ctions			39		
40		Add lines 37, 38 and 39 to line 35c or 36, whi	ichever applies			40		0.
Part I	V]]	Tax and Payments						
41a	Foreig	gn tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	41a		_		
b	Other	credits (see instructions)		41b		」		
C	Gene	al business credit. Attach Form 3800		41c		_		
d	Credi	t for prior year minimum tax (attach Form 880	1 or 8827)	41d		_		
е	Total	credits Add lines 41a through 41d				41e		
42		act line 41e from line 40				42		0.
43	Other	taxes Check if from: Form 4255	Form 8611 Form 8697 Form	8866 (Other (attach schedule)	43		
44	Total	tax Add lines 42 and 43				44		0.
45 a	Paym	ents: A 2016 overpayment credited to 2017		45a	<u>3,558</u>	<u>.</u>		
b	2017	estimated tax payments		45b				
C	Tax d	eposited with Form 8868		45c		_		
d	Forei	gn organizations: Tax paid or withheld at sourc	e (see instructions)	45d		<u> </u>		
е	Backı	ip withholding (see instructions)		45e		_}		
f	Credi	t for small employer health insurance premium	ns (Attach Form 8941)	45f		_		
g	Other	credits and payments:	rm 2439					
		Form 4136 Oti	her Total ▶	► 45g		_}		
46	Total	payments Add lines 45a through 45g				46	<u>3,5</u>	<u>58.</u>
47	Estim	ated tax penalty (see instructions). Check if Fo	rm 2220 is attached 🕨 🔲			47		
48	Tax d	ue If line 46 is less than the total of lines 44 a	nd 47, enter amount owed		>	48		
49	Over	payment. If line 46 is larger than the total of lin		,	>	49	3,5	
50		the amount of line 49 you want: Credited to 2			funded 🕨	50		0.
Part \	<u>/ </u>	Statements Regarding Certain	Activities and Other Informa	tion (see instruc	ctions)			
51		y time during the 2017 calendar year, did the c					Yes	No
	over	a financial account (bank, securities, or other)	in a foreign country? If YES, the organizat	ion may have to file				
	FinCE	N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If YES, enter the name of t	he foreign country				
	here	·					.]	X
52	Durin	g the tax year, did the organization receive a di	istribution from, or was it the grantor of, o	r transferor to, a for	eign trust?			X
	If YES	S, see instructions for other forms the organiza	ation may have to file.					
53		He amount of tax-exempt interest received or						
	y gr	der penalties of perjury, (geclare that I have examined rrect, and complete. Declaration of preparer (other than	this return, including accompanying schedules a	nd statements, and to t	the best of my kn	owledge and belief,	t is true,	
Sign	1	S C C C C C C C C C C C C C C C C C C C		5p2 0. 1120 a.r., 1111011102		May the IRS discuss	this return	with
lere		$\mathcal{M}(\mathcal{L})$	11-9-/Y EXECUS	rive dire	CTOR	he preparer shown b		_
		Signature of officer	Date Title	<u> </u>		nstructions)?	Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check X	if PTIN		
Paid				1	self- employed	I		
repa	arer	DIANA L. HUGHES	DIANA L. HUGHES	11/05/18		P0001		
Use (MPANY, CPA'S		Firm's EIN	61-08	9114	2_
	- · · · y	277 EAST H						
		Firm's address LEXINGTON,	KY 40507-1409		Phone no.	<u>859 259-</u>	3403	

Phone no. 859 259-3403 Form **990-T** (2017)

ASSOCIATION OF STATE DAM SAFETY

Form 990-T (2017) OFFICIALS, INC.

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Schedule A - Cost of Good	s Sold. Enter	method of inven	tory va	aluation > N/A					
1 Inventory at beginning of year 1				6 Inventory at end of year 6					
2 Purchases 2			7 Cost of goods sold Subtract line 6			line 6			
3 Cost of labor	3_			from line 5. Enter here	and in l	Part I,			
4 a Additional section 263A costs		line 2				7	<u></u>		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to			with respect to		Yes	No
b Other costs (attach schedule) 4b				property produced or acquired for resale) apply to					
5 Total Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property	Leas	ed With Real Pro	per	ty) 	
1. Description of property									
(1)	<u> </u>								
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directl	v conne	ected with the income i	ın
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	ind 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	n (A)				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstruc	ctions)					
				Gross income from or allocable to debt-		3 Deductions directly co to dept-finan		perty	
1 Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			+				-		
(2)		··	<u> </u>				\top		
(3)			1						
(4)			1						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property in schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			†	%			-		
(2)				%					
(3)			1	%					
(4)				%					
	· · · · · · · · · · · · · · · · · · ·		•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions in	icluded in columi	n 8				<u> </u>	•		0.

INC

Page 4

6,132.

14,746.

42,441

6,132.

13,052

Totals (carry to Part II, line (5))

723731 01-22-18

19,184

ASSOCIATION OF STATE DAM SAFETY

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Form 990-T (2017) OFFICIALS, INC.

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.)

· columns 2 through	n / 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	▶	19,184.	13,052.				6,132.
		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)	▶	19.184.	13.052.				6,132.

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)